

	ECEASED NAME Sari A	ckerman	LAST	20 DATE OF DEATH MONTH	25 HOUR 7:23	
A 3.5	ex Temale	Caucasian	July 7, DA 1917 SEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 H	
67 N	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  JEW YORK CITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY  USA	? 8. MARRIED □ NEVER MARRIED □ WIDOWED  ING HOME OR OTHER INSTITUTION	Prince George	NTY OF DEATH	
86	Clinton	Southern Mary La	et ADDRESS) and Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)  Cost Analyst  Dept.		
130.	UAL RESIDENCE (IF NURSING HOME OF STATE 136. COL Aryland Prince		WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 2224 Olson St		
	nfs.					
16a	FATHER'S NAME  Meyer Kosofsky  WAS DECEASED EVER IN U.S. A	MIDDLE LAST  RMED FORCES? 166 SOCIAL SEC		ADDRESS20	Unknown Hidden Glen Ro	
16a	Meyer Kosofsky  WAS DECEASED EVER IN U.S. A  VO NAME  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	RMED FORCES? 166 SOCIAL SEC	Mary  CURITY NO. 17 INFORMANT  8958 Dr. Neil Ac	ADDRESS20		
16a	Meyer Kosofsky  WAS DECEASED EVER IN U.S. A  VO NAME  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	RMED FORCES?  SINE WAR OR DATES)  OP9-05-8  Donly one cause per line far (a), (b), a  SED BY:	Mary  By Standard Mary  WENTY NO 17 INFORMANT  BY STANDARD MARY  WENCE OF LOCATION OF LOCA	ADDRESS20	Hidden Glen Ro addle River, N	
16a	Meyer Kosofsky Was Deceased Ever In U.S. A TYES. NO OR UNKNOWN)  18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	RMED FORCES?  RMED FORCES?  166 SOCIAL SEC 099-05-8  only one cause per line for (a), (b), a  SED BY:  DUE TO, OR AS A CONSEQUE  (c)	Mary  By Standard Mary  WENTY NO 17 INFORMANT  BY STANDARD MARY  WENCE OF LOCATION OF LOCA	ADDRESS20 kerman Upper S	Hidden Glen Ro addle River, N APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	

IN PART 1 o ERE FINDINGS USED G CAUSES OF DEATH? NO [ LOR PART 21 21e PLACE OF INJURY MED CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC ) WHILE NOT WHILE 22s.1 certify that (1) (this hospital) pttended the eleceased from saw the decorred alive on the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE MEDICAL STAFF DIRECTOR PHYSICIAN 22d PHYSICIAN'S F AME 22e ADDRES 23c. NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/84

should be detached for use as the with the State Dept. of Health and

MPORTANT

Burial

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After

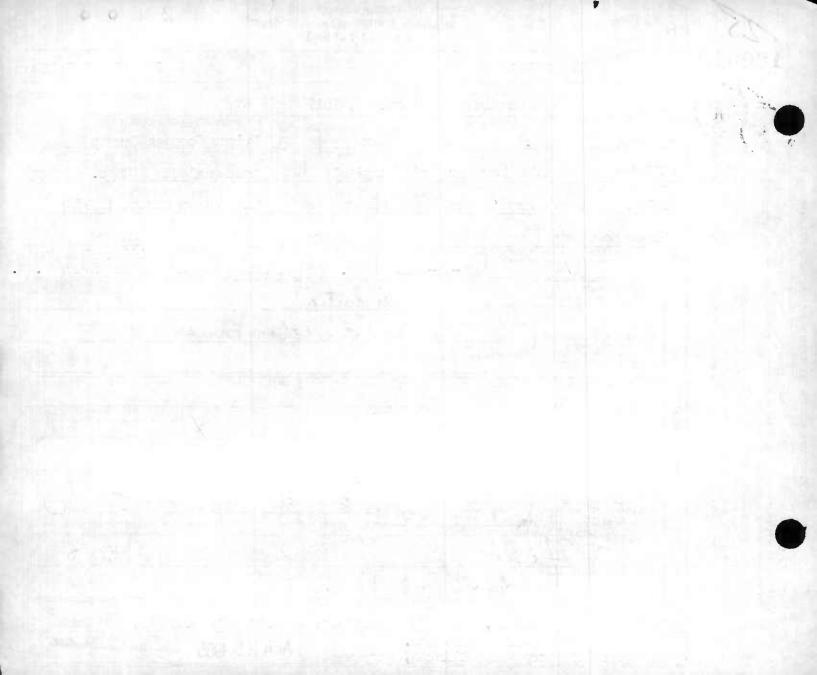
ALOR ATTENDING the hospital or att

BP.

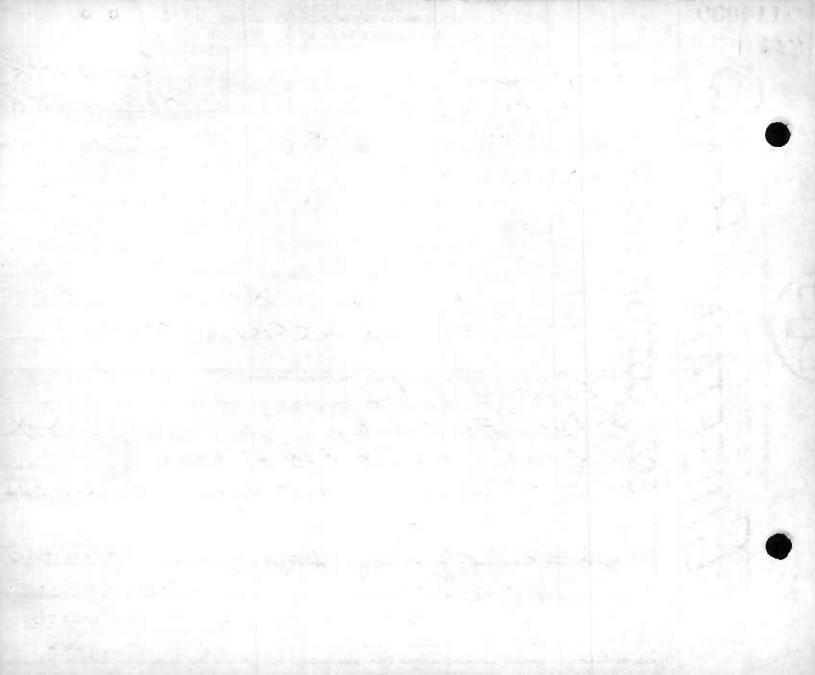
Old Alexander Ferry Road, Clinton, Maryland (VRA 15, 4) 6633

April 25,1985

Farmingdale, New York New Montefiore Cemetery APR 25 1985 Julia Jandson Mandage Lee Funeral Home, Inc.



114039	1 - STATE		DEPARTMENT OF HEALTH AND MENGAL HAGIENE   2   6 6								
1	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT' George	MEDICAL EXAMIN MIDDLE Washington	Allen	REG. 140.	ONIH DAY YEAR 25 HOUR						
COST PLEA	Male White	02 04 1896 89 89 N	AY) MONTHS DAYS HOURS	PRONOUNCED PVC	1./2.1980 AM						
	Virginia	U.S.A.	MARRIED NEVER MARRIE WIDOWED DIVORCEI	Prince Georg	ge's County						
PAGE PAGE PAGE PAGE	Riverdale	NAME OF HOSPITAL, NURSING HOMI WENDT IN SUM FACILITY, SINE STREET ADRESS! Leland Memorial Ho	spital	Carpenter (Type of w	Building						
ANNY D AND 3 AND 3 AND 3 AND 3	SUAL RESIDENCE (IF IN NURSING HOME OR OF COUNTY ATT Land 13b, COUNTY P. G.	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)									
EATH	James Nati	haniel Allen	15. MOTHER'S MAIDEN Annie	Virginia	Ruby						
ALTIMOI AFTER D SIVE PAGE TH FORM AGES 17 AGES 17 AGES 17	16a WAS DECEASED EVER IN U.S. ARMEI (YES. NO. OR UNKNOWN) (IE YES. GIVE WAI YES W.W.I	D FORCES? R OR DATES) 166. SOCIAL SECURIT 577-26-41		ADDRESS . Ller (Daughter) l	3706 Oliver St. Hyattsville, Md.						
TO W. PRESTON ST., BE WITHIN 24 HOURS AND PRINCIL IN JEW 18. CAMINER ALONG WITHIN TARANSTAL HYGENE, DIN A OR KEMOVAL	18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY MAMEDIATE Of Conditions, if any, which gove rise to immediate couse (o) stating the underlying cause last.	43 4 ~ / / / /	snie Eple	1rrost invelCtru	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DIVISION OF VITAL RECORDS, 201 W ECRTPICATE, WRITHS THE WORD PENDINGS IN DID BE FORWARDED TO THE CHIEF MEDICAL EXAM A DIRECTOR, PAGE 3 SHOULD BE USED AS A BUSINAL. H, WITH THE STATE DEPARTMENT OF HEALTH AND MEN MARKALAND STATE DEPARTMENT OF HEALTH AND MEN	190 DATE OF OPERATION  3 - POO  210 EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEA  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AI HOME. STREET, FACTORY, FARM, ETC.) of the remains described above, held an	ATION WAS PERFORMED?	GITY OR TOWN Inquiry and in Undetermined monner	20 AUTOPSY? YES NOW OR PART 2)  COUNTY STATE My opinion  DAAP VULLY FOU						
O MEDIC XXCUTE 1 AAGE 4 S TO FUNE VTER DE	1210355120020074	S. Rogers, M.D.	ADDRESS	Seminary Rd. Sil	ver Spring, Md.						
07/84 BP		/17/85 Mount He	rman Cemetery	Mt. Jackson Sh	enandoah Va.						
25M DHMH - 17 (VR A15 ME (5))	4739 Baltimore Aver	ns Funeral Home, P.	A. 20781 AYK 1	C'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE						



MPORTANT

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

	S	TA	TE	0	M	AR	YL	AN	D
DEPARTMENT	T	OF	Hi	AL	TH	AN	4D	ME	N

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 1. DECEASED NAME 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) KATHERINE AMMANN & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DATE OF BIRTH 3 SEX MONTHS DAYS MONTH YEAR FEMALE 1953 31 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MASS. PRINCE GEORGES CO. WIDOWED DIVORCED 12b KIND OF BUSINESS OR O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GREATER LAUREL BELTSVILLE HOSP HOUSEWIFE LISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a STATE MONT BURTONSVIL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO F 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 WHILE NOT WHILE AT WORK 270 | certify that (1) (this hospital) attended the deceased from and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN CREMATI 24 FUNERAL DIRECTOR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME KNOWN 2a. DATE 26 HOUR (TYPE OR PRINT) ESTI-Ruth Elinar Anthony DEATH MATED 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE LINYEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED April 28,1917 67 Female White DEAD O BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY Pennsylvania U.S.A. WIDOWED TO DIVORCED Prince George's County D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING (IFE) Housewife Kettering 72 Herrington Drive Own Home JSUAL RESIDENCE HEINNURSING OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Irwin Manor Apt-410 15642 Pennsylvania Westmoreland YES X NO [ Irwin 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Lester Hazel Mary Black 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 72 Herrington Dr. (YES, NO. OR UNKNOWN) Mr. Allen Baughman Kettering, Maryland 209-30-1290 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY abelic anterios seles Fre andel Pasculos IMMEDIATE CAUSE ( DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [0] ED AS A I HEALTH IL CREMA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO PARTICULAR OF TENTION OF THE DEPARTMENT YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2). HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Notural causes Accident Suicide Homicide Undetermined monner (SPECIFY) GE 4 SHOU FUNERAL Apr/23,1985 SIGNATU MEDICAL EXAMINER 5009 Rayburn Court Camp Springs, Md. AFTER Rodriguez Augusto M.D. TYPE OR PRINT M O 230 BURIAL CREMATION REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Brush Creek Cemetery 4-26-85 Trwin Westmoreland 24 FUNERAL DIRECTOR F. Gasch's Sons F. H. P.A. Hyattsville, Maryland MA wandow handelle (VR A15 ME (5))

20M 4/82

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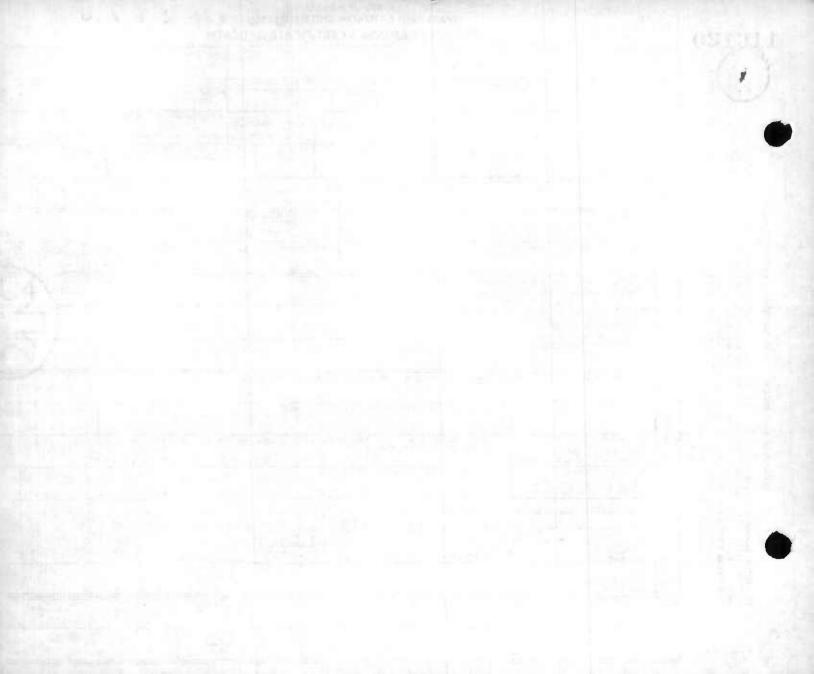
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/			STATE OF MARYLAND	
/	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 1 0	
6146		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.	
Profe C		CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN MONTH DAY	YEAR 26 HOUR
An 3	(TYP	EURPRINT) Walter	OF ESTI-	240
1	450		711111111111111111111111111111111111111	1983 M
	SE	m / 1 2 2 1 MG	DATE OF BIRTH  6. AGE (IN YEARS   F UNDER 1 YR.   IF UNDER 24 HRS.   21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	YEAR 1349US
10	1	116/2 DIGER FE	eb. 1.1936 49 YRS. DEAD 4-8	19 85 PM
16		RTHPLACE (STATE OR 7b. C	CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DE	EATH
1		REIGN COUNTRY)		1.0
1	16. C	eorgia	USA FITTICE GEOIGE	D OF BUSINESS
1	0	· C · - 3	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR	INDUSTRY
4		mpopmas 68	804 Kobina Road Computer Analyst	107
44	13a S	L RESIDENCE (IF IN NUMBING HOME OR OTHE	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  131. CITY OR TOWN  131. INSIDE (11Y LIMITS? 13e, STREET ADDRESS	7/14/
4	M	arvland P.G.	Camp Springs YES x NO 6804 Robinia Road	110
7		THER'S NAME	15 MOTHER'S MAIDEN NAME	
21			DDLE LAST FIRST MIDDLE L	AST
-		alter VAS DECEASED EVER IN U.S. ARMED F	Arnolds, Sr. Unkown  FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT ADDRESS	
	(Y	ES. NO, OR UNKNOWN) (IF YES, GIVE WAR O	Mrs. Virginia Arnolds-wife-	6804
		ves	1258 48 3603 Robinia Road, Camp Springs, 1	Md.
		18 CAUSE OF DEATH (Enter only one	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY:	Caldo ness Witter	
		/	DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if ony, which		/
		gove rise to immediate couse (a) stating the under-	DUE TO OR AC A CONTEQUENCE OF	
		lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I a.	
	MEDICAL CERTIFICATION			
17	TAT	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	JTOPSY?
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7	ER	216. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	THOUS THOU
2	ILC	UNDERLYING OR	HOUR A.M., MONTH DAY YEAR	
	CA	CONTRIBUTING CAUSE OF DEATH		
	MED	21d INJURY OCCURRED WHILE ONOT WHILE O	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
	~	AT WORK AT WORK		
			the second described about held .	
			the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion	
		death resulted from: Notural co	ouses Accident Suicide Homicide Undetermined monner U,	
		ACTUAL MARIAN	TITLE (SPECIFY)	0 0-
		SIGNATURE ( ) LLGW	M.D. Deputy MEDICAL EXAMINER SIGNED	-8-85
1		(	1 // /	
X		EXAMINER'S NAME (Augusto	o P. Rodriguez/M.D. 5009 Rayburn Ct., Temple Hills, Mc	
	23c PI	URIAL, CREMATION, REMOVAL 236 DA		
	(5	PEC#Y)	CITY OR TOWN COUNTY	STATE
			ril 12,1985 Cheltenham National Cemetery, Chelt	M. M.
	24 FI	INERAL PRECTOR Stew	Sactores (1) 250. DATE RECID. BY REGISTER 256 REGISTRATES SIGNATU	IRE
	C+	ewart Funeral H	Home-4001 Benning Road N. R. N.	

							MARYLAND	1 2	1 7	A	
	1-	FOR STATE					H AND MENTAL			9	
6120		REGISTRAR		MEL		MINER'S	CERTIFICATE	KEG.			
		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	20. DATE KNOWN OF ESTI-	X MONTH	DAY YEAR	26 HOUR
おきま			Carl	. I	Ellis		Arthur	DEATH MATED	4	7 19 85	M
100 100 100 100 100 100 100 100 100 100	3 SEX		I. RACE	5. DATE OF BIRTH		GE (IN YEARS IF UI		R 24 HRS. 20 DATE	MONTH	DAY YEAR	2d. HOUR
1	M	ale	Black	May 6, 19		7 YRS.	HOURS HOURS	DEAD DEAD	4	7 1985	10;50
14		RTHPLACE (STA	ITE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MARR	IED NEVER MAR	PIED X 9 BALTIMORE CIT	Y OR COUNTY		
+1	Wa	shingt	on, D.C,	United	States				eorge!s	County	J. AAD
1		TY OR TOWN C		11. NAME OF HOSE	ITAL, NURSING	HOME, OR OTH	HER INSTITUTION	120 USUAL OCCUPATION	TYPE ON WORK	2b KIND OF BU	SINESS
U		Oxon Hi	11 /	OXOIT COV	TILITY, GIVE STREET A	DDRESSI		Student/Fr:			
W	III SUA	L RESIDENCE (	F IN NURSING HOME	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE		had men and many	70			
1	130 ST	.C.	186 COUN	AI Y	Wash	ington	13d. INSIDE CITY LIMITS?	4184 Living	re that	Dodd's	ינד
H	14. F/	THER'S NAME			1	ing com	15. MOTHER'S MAIL		15 (01)	Road; S	) a Cra
/	(	Carl		WIDDIE	Arth	nur	FIRST	Vercinia Sr	ni +h	LAST	
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DEPARTMENT OF REALTH AND MENTAL HIGHENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition	, if any, which		no n consegre	LIVEL OI					
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/	SC	CONTRIBUTIN	G CAUSE OF		4 7		ubject ass	aulted & throw	n in co	ove	B-4
	MEC				DRY, FARM, ETC.)		STREET	CITY OR TOWN	COUN		STATE
		AT WORK	AT WORK	COT	<i>r</i> e	Ox	on Cove	Oxon Hil	1, P.G.	. CO, MI	).
BALIMORE, MARYLAND, 21201		22a. I certily	that I taok char	ge af the remains desc	ribed abave, he	ld an Autor	sy Inspect	on . Inquiry .	and in my apir	nian	
		death resulte	d from: Naty	el causes .	Accident .	Suicide	, Hamicide X	Undetermined manner	].		
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		AETUAL SIGNATURE_	1	111/			Assistan	MEDICAL EXAMINER	DATE	4/8/85	5
								THE POST ENDONISTER	3101420		
1		EXAMINER'S N (TYPE OR PRIN	T) GY	regory R, I	Kauffmar	M.D.	ADDRESS1	11 Penn St. B	alto.M.	.D.	
5	23a.BI		ION, REMOVAL			OF CEMETERY C		23d LOCATION			
	(5	Buria.	1	04/13/85	Line	oln Me	morial	Suitland, P	. G. CO	. Marv	land
		JNERAL DIRECT	174777	EY's Fun	eral H	ome	A PATE	RECD. BY REGISTRAR 25h RE	GISTRAR'S SK	GNATURE	
))	38	31 Geo	rgia A	ve. NW; Wa	shingt	on, DC	20011	1 8 1200 days	Andridges,		3



739 Baltimore Avenue Hyattsville, Md. 20781

(VRA 15, 4)

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T. St. State Land

AMADE DESCRIPTION OF THE PARTY OF THE PARTY

	FOR	
-	STATE	

## STATE OF MARYLAND

1209368	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYDE	REG. NO.	12			
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR		
be 3	(TYP	Harvey	Junior	ATKI	NC	April 18,198	35	2:20A M		
pog er de	3 SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
s ofter		Male	White	Jul	y 4 1925	59 YRS	MONTHS DATS	S HOURS MIN.		
ath. Page reral direct 72 hours	7a. B	IRTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNT				
death. John 72 h		Virginia	USA	WIDOW		Prince Georg	e's	MD.		
	10. ⊂	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	OF BUSINESS OR			
os after o	I	Lanham	Doctors Hospi	tal of Pr. Geo. Co.		(TYPE OF WORK FOR MOST OF WORKING Repairmen	.0			
ND 21201 24 hours of the by bold be file	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU			134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI		05/		
4 E LE 5-	-	ATHER'S NAME	e ArundenGambrii	LS	YES NO.	2335 Mt. Tabor F	koad ZI	.054		
MARYI ed with		alter	MIDDLE LAST Atk	ina	Nannie	WIDDIE	C <sub>11</sub>	itphin		
	_	WAS DECEASED EVER IN U.S. A	2.20%		17 INFORMANT	ADDRESS		.сргии		
BALTIMORE, cate be executed to specification and complets. Pages I vol. 11, the medical		(YES, NO OR UNKNOWN) (IF YES, G	225-22-4	4130	Ruth Jarrel	1s Cambrills Md	2105/			
ST., BALT striftcate to physicia g physicia on popers removal.		PART I. DEATH WAS CAUS	inly one couse per ine for 101, (b), o ED BY. ATE CAUSE (a)	nd ici	e reple	Volsar	APPROX BETWEEN	ONSET AND DEATH		
W. PRESTON of the death co in the attending y the attending se remove carb cremation, or in		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.  DUE TO OR AS A CONSEQUENCE OF								
RECORDS, 201  Low requires the case signed be sermin. Then pleo he prior to buriol.	ATION		CONDITIONS CONTRIBUTING	V						
TAL RECO	CERTIFICA	19a Date of Operation	196 CONDITION FOR WHIC	H OPERATIO		YES NO	ES, WERE FINDIF TIFYING CAUSES YES 🔼			
V OF VITA SICIAN: T og physici certificate rial-transi		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IE	( PART 1 OR PART 2)			
DIVISION OF VITAL  NG PHYSICIAN: The ottending physicion of the this certificate has the burial-transit put hand mental Hygien than ond mental Hygien or them 18 show	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
NDIP I or R. Af Use o Teolit			oital) attended the deceased from					that   It (we) last		
A ATTEI hospita RECTOI red for ppt. af H		sow the deceased glive o	n 19 ot) very the bady after death.	. 0	nd that in (my) (our) opinion	death occurred on the date and ha	our and from the	couses stated		
he ept		77A SIONATURE	1		DEGREE 1	0 - 1	TIL DATE	SIGNED		

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic

Burial

23a BURIAL, CREMATION, REMOVAL

228 PHYSICIAN'S NAME

Mt. Comfort

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Alex.

8118 Good Luck Road, Lanham, Md. 20706

Doctors' Høspital of Pr. Geo. Co.

Fairfax, Virginia

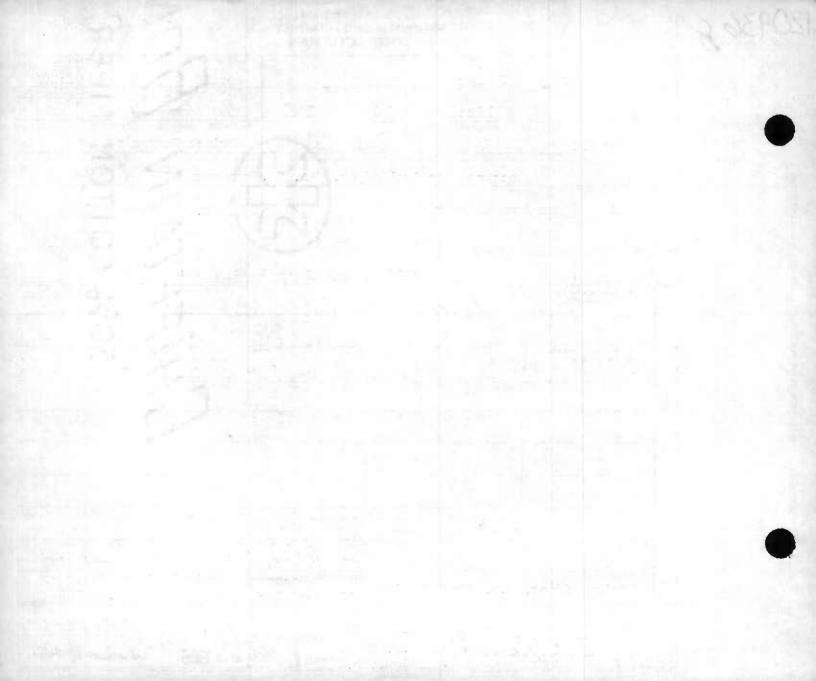
4/18/85

P.O.Box 65 Alex. Va. 22313

Monira Rifaat, M.D., Pathologist

23b. DATE

APR 23 1985 PEGISTRAR'S SIGNATURE



BALTIMORE, MAR	cate be executed as	p Mysicion and comple on papers, Page Taga	event, for medical (the
DIVISION OF VITAL RECORDS, 201 W. PRESTON BALTIMORE, MAR	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death of the recorded is to hospital or attending physician.	JO FUNERAL DIRECTOR, After this certificate has been signed by the little day Ways can and certified should be detached for use as the buriol-transit permit Thin plants ranges among papers. Page Think with the State Dept. of Health and Mental Hygining prior to burion committee.	IMPORTANT: If hem 21 is marked or Hem 18 ship stelly injury, another titles are executive mendaling.

**YLAND 21201** 

## STATE OF MARYLAND

	TATE				CERTIF	ICATE OF DE	ATH		REG. NO.			
	ASED NAME	FIRST	A	MIDDLE	L.	AST		20. DATE OF		NTH I	DAY YEAR	2b. HOUR
TYPE OR	PRINT)	Willie	J	J.	A	ustin		04/	26/	19	85	9:20a ^
SEX		4_ F	RACE		5 DATE C		YEAR	6 AGE (IN YE	ARS LAST BIRTHD		FUNDER LYEAR	IF UNDER 24 HRS
Ma I	Le	-	Black		Dec		1899	8.5		YRS.		
	HPLACE (STATE OR F			WHAT COUNTRY?	MARRIEI		ARRIED -	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
	yland	1	U.S.	Α .	WIDOWE		ORCED T	Princ	e Geo	rael	e	M
CITY	or town of DEA	TH 11.	NAME OF H	OSPITAL, NURSII H FACILITY, GIVE STREET 10 Memor:		OR OTHER INSTIT	NOITUT	12a USUAL C	CCUPATION FOR MOST OF W	1	12b. KIND C	F BUSINESS OR
D STA	. C .	NG HI WE DI GEH 131 COUNTY		GIVE RESIDENCE BEFOR 134. CITY OR TOV ashing t	VN		NO 🗌	130 STREET A				999
	IER'S NAME FIRST Lliam Au	stin	DLE	ŁAST		Mary	RST		WIDDIE		£A5	1
AT O	S DECEASED EVER NO OR UNKNOWN)  CAUSE OF DEATH PART I. DEATH W	(IF YES, GIVE W)	AR OR DATES)	242-16-	-6047	Myrti		tin	OO Wh		ier St	. N.W.
	Canditions, if ony,		DUE TO, OF	r as a conseou	ENCE OF	of pr	stile	glan	d.			
P.	Canditions, if ony, gave rise to imm cause (a), stating underlying cause	nediote g the last	(c)	r as a conseou	JENCE OF	and or NOT RELATED TO	111		a.	ION GIV	EN IN PART 1	1
P.	gave rise to imm cause (a), stating underlying cause	nediote g the last	DUE TO, OR  (c)  NDITIONS CO	r as a conseou	DEATH BUT	NOT RELATED T	O DE TIL		PSY? 2	Ob IF YES	, WERE FINDING CAUSES	NGS USED
CERTIFICATION	gave rise to imm cause (a), statinu underlying cause	ediate g the last  NIFICANT CON  ION  ERLYING  CAUSE OF DEATH	DUE TO, OR  (c)  NDITIONS CO	R AS A CONSEOU DITRIBUTING TO TION FOR WHICE FINJURY M. MONTH D	DEATH BUT	NOT RELATED T	MED	200 AUTO	PSY?   2	Ob IF YES N CERTIF YE	S, WERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to imm ouse (a), stating underlying cause  ART 2 OTHER SIGN DATE OF OPERAT	TION  WERLYING AUSE OF DEATH CALEXANINER)  WED	DUE TO, OF  (c)  NDITIONS CO  19b. CONDI  21b. TIME OI HOUR A./ P./ 21e PLACE C	R AS A CONSEQUENTIAL PROPERTY OF THE PROPERTY	DEATH BUT H OPERATION  AY YEAR  19	NOT RELATED T	MED URY OCCURI	200 AUTO	PSY?   2	Ob IF YES N CERTIF YE	S, WERE FINDING CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gave rise to imm ouse (a), statini underlying cause  ART 2 OTHER SIGN  DATE OF OPERAT  D. ACCIDENT WAS UND OR CONTRIBUTING COUR WHILE NOTHY MEDIC  OR INJURY OCCURR WHILE NOTHY MEDIC  OR I. Certify Ind (I) sow the decease above. (I) (we) (i)	THE CANT CON LIST CON	DUE TO, OR  (c)  NDITIONS CO  19b. CONDI  21b. TIME OI HOUR A./ P./ 21e PLACE C (AT HOME, STRI	R AS A CONSEQUENTIAL PROPERTY OF THE PROPERTY	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO N WAS PERFOR.  21c. HOW INJU 21t. LOCATION STREET  23 / od that in (my) (c)	MED  WRY OCCUR	200 AUTO YES RED (ENTERNAL	PSY?   ?	Ob IF YES N CERTIF YE	COUNTY	NGS USED OF DEATH? NO  STATE that (I) (we) lost causes stated
MEDICAL CERTIFICATION	gave rise to imm ouse (a), statini underlying cause  ART 2 OTHER SIGN  DATE OF OPERAT  10. ACCIDENT WAS UND OR CONTRIBUTING CUFETHER, NOTIFY MEDIC  1d. INJURY OCCURR WHILE NOT WHAT WORK  1d. INJURY OCCURR OR OF WHILE SOME SAW THE GREEN SAW THE GREEN  1d. Icertify that (1)  Saw the decease	THE CANT CON LIST CON	DUE TO, OR  (c)  NDITIONS CO  19b. CONDI  21b. TIME OI HOUR A./ P./ 21e PLACE C (AT HOME, STRI	R AS A CONSEQUENTIAL PROPERTY OF THE PROPERTY	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO N WAS PERFOR.  21c. HOW INJU 21f. LOCATION 51REET  25  ad that in (my) (co	MED  WRY OCCURI  N  19  Dour) opinion  TENDING	200 AUTO YES RED (ENTERNAL	PSY? 2 IN OUR OF INJURY II	Ob IF YES N CERTIF YE NITEM 18 P	COUNTY  19  22c. DATE	NGS USED OF DEATH? NO  STATE that (I) (we) lost
MEDICAL CERTIFICATION  SEC. 151  SEC. 152  SEC. 153  SEC	gave rise to imm ouse (a), statini underlying cause  ART 2 OTHER SIGN  DATE OF OPERAT  D. ACCIDENT WAS UND OR CONTRIBUTING COUR WHILE NOTHY MEDIC  OR INJURY OCCURR WHILE NOTHY MEDIC  OR I. Certify Ind (I) sow the decease above. (I) (we) (i)	TION  SERVING (This hospital)  (Ihis hospital)	DUE TO, OR  (c)  NDITIONS CO  19b. CONDITIONS  21b. TIME OI HOUR A./ P./ 21e PLACE ( (AT HOME, STRI	R AS A CONSEQUENTIAL PROPERTY OF THE PROPERTY	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO N WAS PERFOR.  21c. HOW INJU 21f. LOCATION 51REET  25  ad that in (my) (co	MED  WRY OCCURI  N  19  Dour) opinion  TENDING	200 AUTO YES RED (ENTERNAT	PSY? 2 IN OUR OF INJURY II	Ob IF YES N CERTIF YE NITEM 18 P	COUNTY  19  22c. DATE	NGS USED OF DEATH? NO  STATE  that (I) (we) lost causes stated SIGNED

Buria 24 FUNERAL DI DHMH - 16 50M 4/83 (VRA 15, 4)

1985 FORT LINCOLN 1661 Good Hope Rd. Wash., D.C. S.E.

Bla DENSBURG

MD

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)



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A PO	hed ept
10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter dec etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funn should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
TA YC	RA de
JSP Pd	JNE be S
HC	는 #
0 5	5 de 3

BP. DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 spays ony injury, or other troumatic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

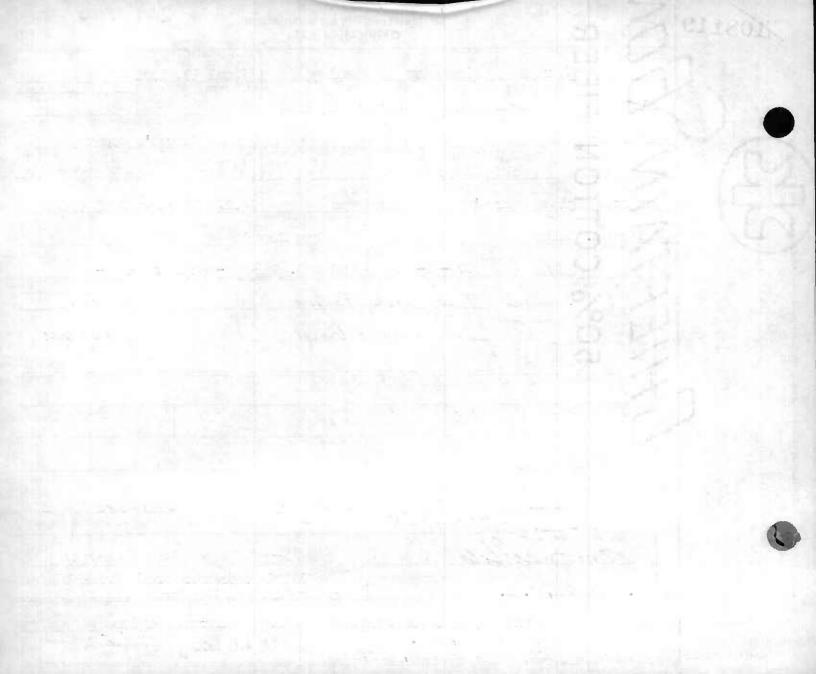
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

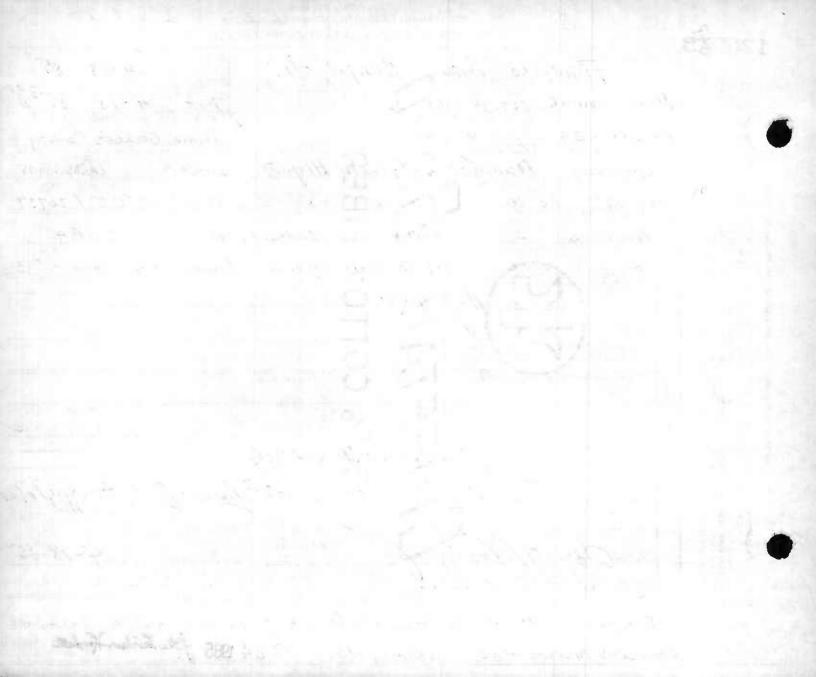
l	FOR  STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IÈÑE REG. NO.		
	ECEASED NAME	FIRST	,	MIDDLE	1	AST	28 DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
(1)	PE OR PRINT	George	7	L.		Bach	April 08	.1985	5:05P M
3. S	EX		RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YE	AR IF UNDER 24 HRS.
	Male		White		Janu	ary 15,1929	56	YRS. MONTHS DAY	S HOURS MIN.
To.	BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED □	9 BALTIMORE CITY OR C		
W	ashington,	D.C.	U.S.	Α.	WIDOWE		Prince Geor	-	MD.
10	CITY OR TOWN OF DE Laurel	ATH 11	NAME OF I	HOSPITAL, NURSIN H FACILITY, GIVE STREET Laurel	ADDRESS) Belts	ville Hospita	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Manager	DRKING LIFE) 12b. KIND INDUSTR Tele	of BUSINESS OR P. ephone Co.
	UAL RESIDENCE (# NUR STATE Maryland	Howa		GIVE RESIDENCE BEFORE  13. CITY OR TOW  Columbia		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZI 6705 Seneca	P CODE Drive	21046
	Neils	MID	DIE	Bach	ı	15 MOTHER'S MAIDEN NAM Jencina	MIDDLE		ensen
16a	WAS DECEASED EVER	R IN U.S. ARME		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS		
	(YES_NO OR UNKNOWN)	Kore		578-34-8	3047	Virginia Bac	h Same as	#13	
	Conditions, if ony gove rise to im cause (a), staff underlying cause	VAS CAUSEĎ E IMMEDIATE (	DUE TO, OI	RESPIR	ATDRENCE OF	ARCINOMA O	F THE COL	41	ORMATE MITERVAL IN OMSET AND DEATH 7/65 - 4/8/85
CERTIFICATION			51	TALL 8	SOWEL	NOT RELATED TO THE TERM  OBSTRUCT  WAS PERFORMED	TON 1280 AUTOPSY? 128	b. IF YES, WERE FINI	DINGS USED
1 🖺							YES NOT	CERTIFYING CAUS	NO [
MEDICAL CER		CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2	0
MEDI	21d. INJURY OCCUR  WHILE NOT W  AT WORK	HILE	21e PLACE ( (AT HOME STR	OF INJURY SEET FACTORY, OFFICE F	ARM EIC )	211 LOCATION STREET	(1TY OR TOWN	(Ounty	STATE
	220   certify that (1 sow the decease abave (1) we)						death occurred on the date of		
	8 SIGNATURE	ry R	ask	in,	m.	FITTS ICIAN	DICAL STAFF	10 4	1/8/85
	BARR	.2 r		KIN, M	.D.	14201 LA	VEEL PK. Dei	VE LAVEE	L, MD.
23a	BURIAL, CREMATION, (SPECIFY) Burial	, REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
			4/11/8			awn Cemetery	Marriottsv	21 A A	Randa Mid.
1 5	FUNERAL DIRECTOR ETOYMEM. & F 555 Twin Kr	Russell nolls R	C. Wi	tzke Eune Jumbia,	ral H Md. 2	omes P.A. 25a AP	R 1 2 1985 AR 25 M	BIOGRAPHICA STORY	ATURE -

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

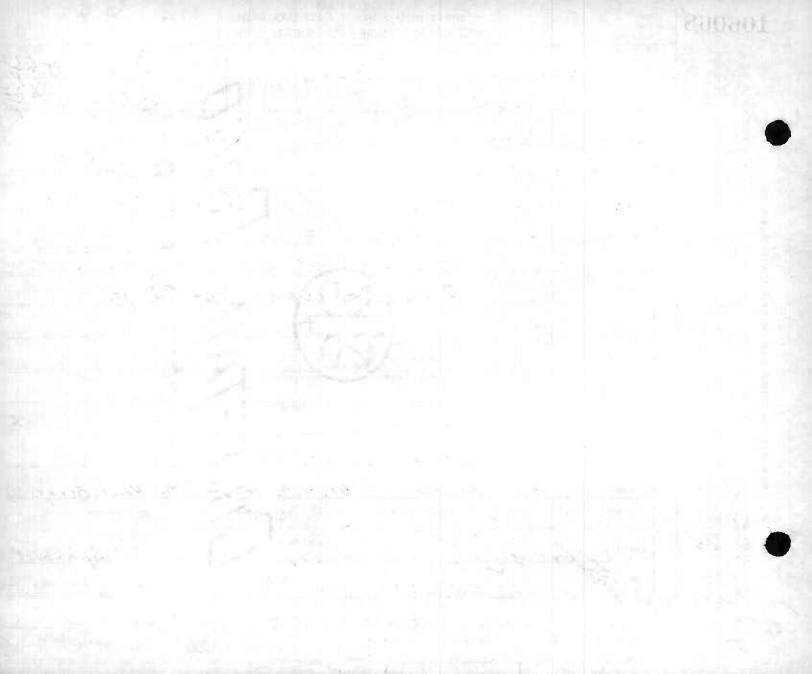
3770	13.	REGISTRAR		CERTIFICATE OF DEAT	H REG. NO.				
		CEASED NAME FIRST	WIOOFE	EAST.	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
9		Charl	es Alexand	er Bailey	April 13, 19	985 M			
/	3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS			
C		ale	Caucasian	January 23, 19	04 81				
MI	a. Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY?	9. BALTIMORE CITY OR COL	9. BALTIMORE CITY OR COUNTY OF DEATH			
1	W	ashington, DC	USA	WIDOWED DIVORC					
2/	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUT	TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR INDUSTRY			
(2/0		amp Springs	6513 Allentow		Painter	Commercial Painti			
36	130 5	ALRESIDENCE (IF NURSING HOME OF STATE 136 COUR PRINCE	NTY I GEORGE S Camp	OWN 13d. INSIDE CITY LI		over Road (20748)			
THE PROPERTY OF	14 F.A	THER'S NAME .	MIDDLE LAST	15 MOTHER'S MAI	DEN NAME	LAST			
多し	C	harles A. Baile	ey .	Mary	Carroll				
dicol	160 V	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIALS	ECURITY NO 17 INFORMANT	ADDRESS				
E	N	o N/A	579-05	-2676   Helen B	. Bailey - Same As				
t, th		18 CAUSE OF DEATH (Enter or	nly one couse per line far (a), (b)	, and ice		BETWEEN ONSET AND DEATH			
e > e			TE CAUSE (a) Resp	vidam Paller	2	141.			
ofic			DUE TO, OR AS A CONSE	QUENCE OF					
50		Canditions, if ony, which	( 16) Pulm.			10 years			
er tr		gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSE	QUENCE OF					
ta .		underlying cause last	( (c)						
σ, ν		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 11a			
<u>s</u>	O								
ows ony	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO			
10	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)			
1/	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M.  21e PLACE OF INJURY	21f LOCATION					
rked	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY STATE			
a m			ital) offended the deceased fro	am 4/19, 19	71 to 4/	23. 19 8 that (1) (me) last			
21:		sow the deceased alive an	view the body after death.	9 5 and that in (my) (our)	opinian death occurred an the date an	d haur and from the causes stated			
E E		22b. SIGNATURE		DEGREE		22¢ DATE SIGNED			
=		Om. n	ex Ula	ATTEN PHYS	IDING MEDICAL STAFF ICIANXXXDIRECTOR PHYSICIAN [	04/15/85			
Z		226 PHYSICIAN'S NAME (TYPE	arend.	122- ADDDESS	1701 Livingston Ro				
MPORT A		R. Nedzbala,	M D						
3 \$	23o. E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREM	shington Maryland	).			
		S DE C (E V)			netery Clinton, Ma	aryland state			
		UNERAL DIRECTOR TOO TO	meral Home In	LESUITECTION CEN	250, DATE REC'D. BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE			
M 7/84		d Alexander Fer			WLW 1 6 1882	- win Inda and has been			
5, 46633	DI	d vrexalider ter	ry Road, CIIII	on, Marytand	9				



DEPARTMENT OF HEALTH AND MENTAL HAGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 1 (TYPE OR PRINT) OF ESTI-DEATH MATED Pancis Lo 6. AGE (IN YEARS IT UND IF UNDER 24 HRS LAST BIRTHDAY 70 BIRTHPLACE BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED PHILIPPINES DIVORCED WIDOWED OR INDUSTRY ABORER LANDSCAPING P.G. CO 3e STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MIDDLE FRANCISCO BANGAZ CONSOLACION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATES) NONE 58-3011 FRANCISCO 18 CAUSE OF DEATH (Enter only one couse per ling BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, ON A A CONSEQUENCE OF TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION USED / 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI YES [ NO & SHOULD BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) POR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH (AT HOME AT WORK AT WHILE STREET, FACYORY, FARM, ETC. me PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy deoth resulted from: Noturol couses Accident Undetermined monner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER'S NAMIngusto P, Rodriguez 5009 Rayburn Ct., Temple Hills, Md TO MEE EXECUT TYPE OR PRINT 23d. LOCATION 23a, BURIAL, CREMATION, REMOVAL 23b, DATE STATE CROSS COMETERY BURIAL 07/B4 KENT CO 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENCAL HYGIENE 10606 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN PO (TYPE OR PRINT) Harold Barclay Α. DEATH MATED 3. SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 5-5-45 39 DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) MARRIED NEVER MARRIED U.S.A DIVORCED X Maryland WIDOWED Prince George's County MD ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION TO USUAL OCCUPATION (TYPE OF WORK 126 MIND OF BUSINESS Sheet Metal Worker Government RETAIN PA Riverdale Leland Memorial Hospital 113b COUNTY 113C CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO T 5901 31st Place P.G. Maryland 20782 Maryland 8. GIVE PAGES 1, 2, WITH FORM PM 3. IT. PAGES 1 AND 2 S. DIVISION OF WITH 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mullen Harold Barclay Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFOPMANT 48424 Shears Court LIE YES GIVE WAR OR DATES! Ma rgaret T. Barclay Laurel, Md. 20707 Vietnam 577-62-2800 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 SHOULD HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH 21f. LOCATION AT WORK AT WORK 1-10 me TO MEDICAL EXAMINER: THE ERCUTE THE CERTIFICATE. VENCUTE THE CERTIFICATE. VENCUTE BE FORW. TO FUNEAL DIRECTOR: PARTER DEATH, WITH THE STABLE MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Suicide death resulted from: Notural causes Accident Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER S. Rogers, 1919 Seminary Rd. Silver Spring, Md M.D. John 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 4/10/85 Burial Fort Lincoln Cemetery Brentwood P.G. Maryland 07/84 BP. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Francis GAsch's Sons Funeral Home P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781



Washington D.C.

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE

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DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR

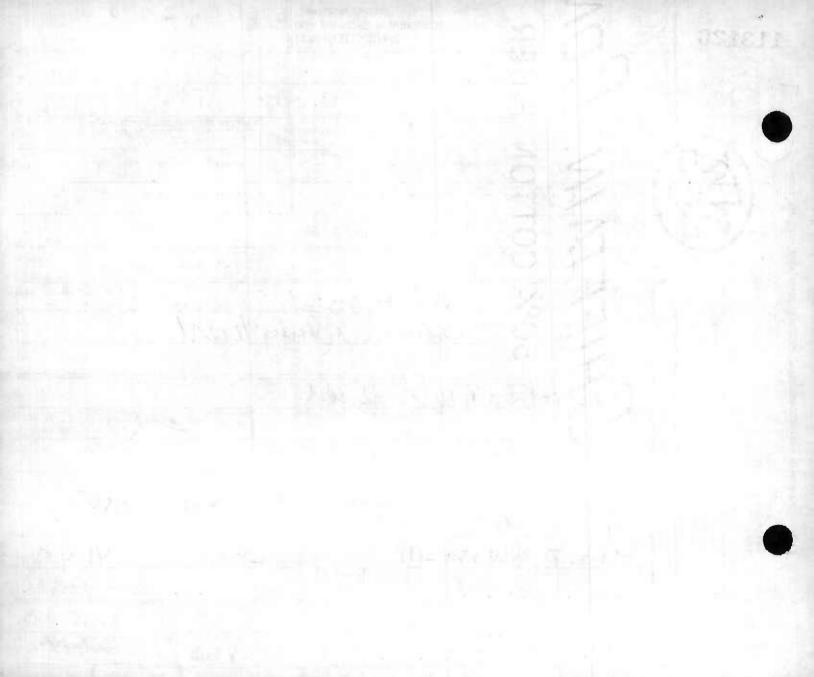
BURTAL 4-16-85

E. EVANS ANNAPOLIS, MD. 21401

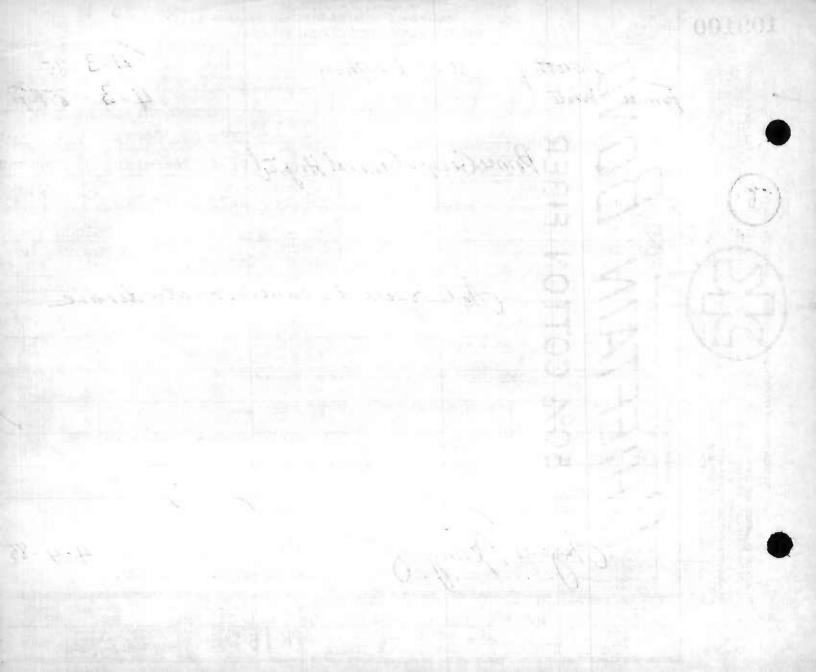
LAKEMONT

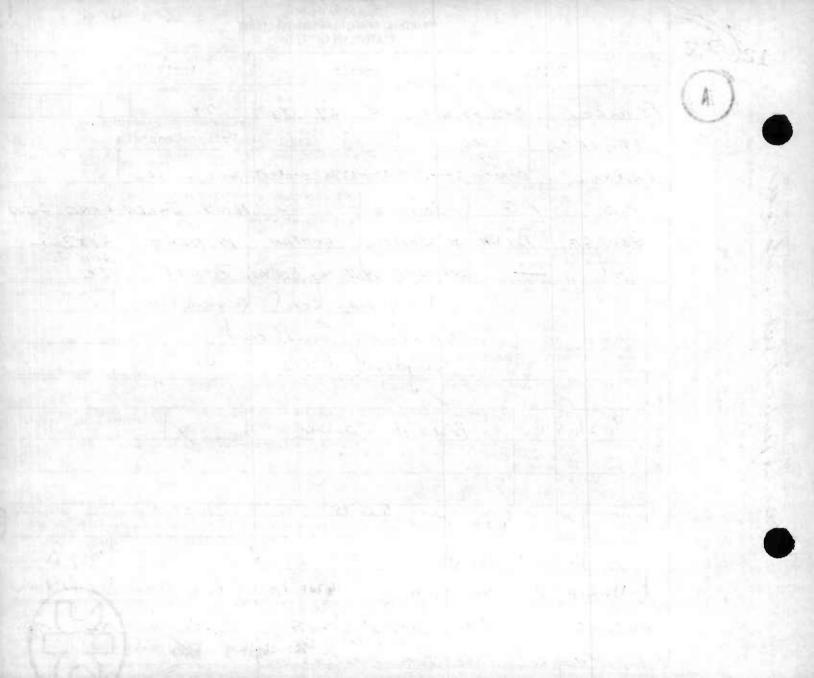
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADD 17 1005

DAVIDSONVILLE "A" A.CO. "MD.



109100	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HOGIENE 2 1 8 1  1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH  PEG NO.										
S CITIENS COURS WEET,		CEASED NAME	orothe ACE 19	DATE OF BIRTH	W. Bal	19h	DER 1 YR. IF UNDER		MATED .	DNIH GAY 19 NYH GAY	YEAR 26 HOUR	
ESSARY, P ERAL DIREC DE YOUR THRIN 72 H RESTON S		MACE (STATE COREIGN COUNTRY)	The to	8 1 1925 59 YRS.  76 CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER M.				DEAD 4 - 1 100 PC				
NY IS NEO THE FUNE AGE 5 FO AGE 5 FO AGE 5 FO	P.	enna.	DEATH	USA  WIDOWED DIVORCED XX Prince Georges Co.  JAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  JAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  JAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  JAME OF HOSPITAL, NURSING HEEL ADDRESS  OR INDUSTRY  Prof. Secretary US Govern							OF BUSINESS	
AND	13a. S	heverly ALRESIDENCE (IF IN STATE  aryland	NURSING HOME OR O	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Suitland	12 1°4	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDR		20	744	
S S S S S S S S S S S S S S S S S S S	A III.	14. FATHER'S NAME FIRST Edward  160 WAS DECEASED EVER IN U.S. ARMED FO			Wendel		15. MOTHER'S MAIDEN NAME FRST  FI 7 3 ho + h				Sloan	
BALTIM RS AFTER GIVE PA WITH FOR PACKES PACKES	(	ES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR E		R OR DATES)	228-42-4945		David S Carter MMechani			icvill	icville MD	
SHOUD BE EXECUTED WITHIN 24 HO SORD PRUDINGS IN PENCIL IN ITEM I CHE MEDICAL EXAMINER ALONG BE USED AS A BURIAL TRANSIT PREMI INCF HEALTH AND MENTAL HYGIENE, BURIAL CREMATION, OR REMOVAL.	NO	PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF  Lying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to										
	CERTIFICATION	196 DATE OF OPERATION  216 EXTERNAL CAUSE WAS		196. CONDITION FOR WHICH OPERATION V			WAS PERFORMED?  HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR			YES	20 AUTOPSY?  YES NO NO	
DIVISION OF VITAL HIS CERTIFICATE SHOU WRITING THE WORD ARDED TO THE CHIEN TO GE 3 SHOULD BE USE ATE DEPARTMENT OF 1201 PRICE TO BEGINA	MEDICAL CE	UNDERLYING CONTRIBUTING [ 21d. INJURY OCCU	OR CAUSE OF DEA	HOUR A.A ATH P.A 21e PLACE	A. MONTH DAY YEAR	21f. LOC	CATION REET	CITY OR TO		COUNTY	STATE	
TO MEDICAL EXAMINER: THE RECUTE THE CERTIFICATE, VENCUE THE PAGE 4 SHOULD BE FORW.  TO FUNERAL DIRECTOR: PARTER DEATH WITH THE STATEM OF THE S	1	220. I certify that I took charge of the remain described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined monner,  TITLE (SPECIFY)  DATE SIGNATURE  EXAMINER'S NAMINER'S NAMINER'S NAMINER  SOOP Rayburn Ct., Temple Hills, Md  ADDRESS  BURIAL, CREMATION, REMOVAL [236, DATE]  1236, NAME OF CEMETERY OR CREMATORY										
07/84 BP	В	URIAL, CREMATION SPECIFY)  URIAL UNERAL DIRECTOR NAME ROBEL Funce	4/	6/85 7114308 me	Resurre Suitland Suitland			Clint	on Agis Hegistra Joha David	PG PS SIGNATURE	MD "	





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI-Louise DEATH MATED 3 **JEANNETTE** 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED April 8,1933 52 BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY NEVER MARRIED FOREIGN COUNTRY) Prince George's U.S.A. Mary Land WIDOWED DIVORCED D. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Housewife. Cheverly Own Home STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Pr.Geo's Upper Marlboro YES X 14731 Crescent Drive/20772 Md. NO [ F. PAGES 1 AND 2 SH DIVISION OF WITAL JA, FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Windsor Ellen Robert Nelson Martha Thomas 14a. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO. 14731 Crescent Drive, William T. Bell-Upper Marlboro, Md. 20772 17 INFORMANT (YES, NO. OR UNKNOWN) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BUR YES NO F E 3 SHOULD BE LEDEPARTMENT OF PRIOR TO BUR 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY TATE TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BALTIMORE, MARYLAND, 22e I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from: Natural causes Undetermined manner ADDRESS 5009 Kaykusm 23a, BURIAL, CREMATION, REMOVAL 23b, DATE Clinton(Pr.Geo;) Burial 4/27/85 Resurrection Cemetery 07/84 BP 25M Coleman -Upper Marlboro, Md. 20772 **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND 85-12184 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20 DATE KNOWN MONTH DAY (TYPE OR PRINT) OF ESTI-Berk Fy? Albert Abraham R FILES. HOURS STREET, 19 6. AGE (IN YEARS 3 SEX 4 RACE IF UNDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED OUR WITHIN 72 H 8 DEAD White Aug. Male YRS To BIRTHPLACE (STATE OR 7h CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County U.S.A. New York City WIDOWED TO DIVORCED 2 3 FILED, ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Chemical Engineer Bureau of Kennedy Street 3. RETAIN PA Hvattsville Mines 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20781 4113 Kennedy Street Prince George's Hvattsville YES X NO [ Maryland OFWIAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAC MIDDLE MIDDLE LAST Berk Unknown Harry Esther ADDRESS 103 Riss Drive 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT DIVISION Normal, Illinois 61761 220-34-4335 Mr. Kenneth Berk 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - IKANSII .
HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gastrointestinal hemorrhage. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. MEDICAL EXA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION None 19a DATE OF OPERATION E 3 SHOULD BE USED A DEPARTMENT OF HE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? USED YES [] None NO IX 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH None 19 TIE PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE 21201 NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 Inspection X 22e. I certify that I took charge of the remains described above, held an and in my opinion Natural causes Homicide Undetermined monner death resulted from: TITLE (SPECIFY) DATE 5/9/85 Deputy MEDICAL EXAMINE 1919 Seminary Road Silver Spring, Montgomery, Md. Rogers. 230. BURIAL, CREMATION, REMOVAL 236. DATE 234. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION April 7,1985 Metropolitan Crematory Virginia Cremation Alexandria 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Gasch's Sons F.H. P.A. Hyattsville, Maryland (VR A15 ME (5))

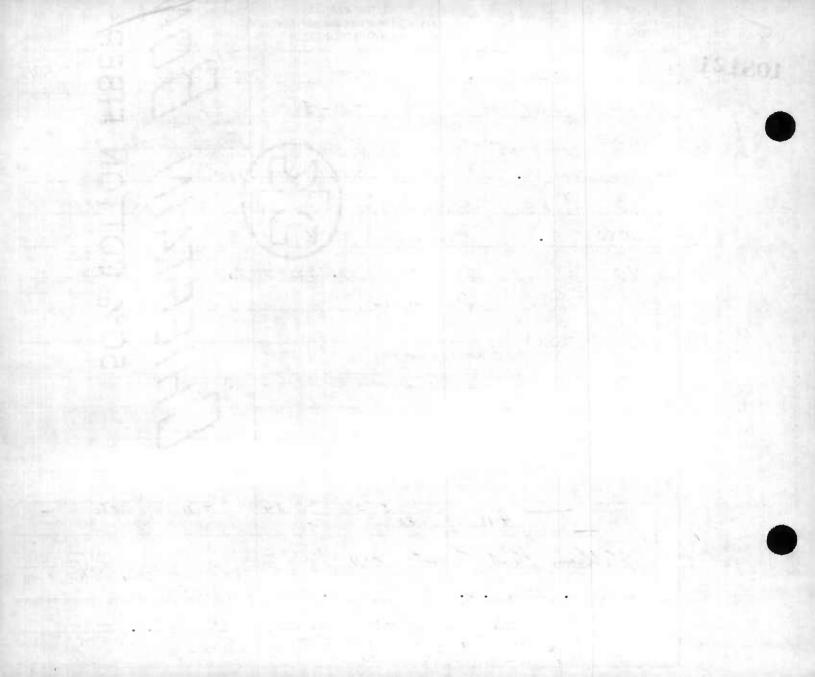
I'm Ja jamen Elif billystani. in aspent months. I night 1870 Control themes 2754 Burgland Prince Course a Problemile 18% evice seif For Torral, Illinois 51761 TOP HEADER . TO THE HOPE . energround Lords watcher by on book y tonient and the fiver swing, kenteemery, M. John S. Howert, M. D.

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH

	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH								
104		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
SUL.	(TYP	OR PRINT) Birdi	e F.	Bertram	April 11,1985	1:50F				
0	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.				
3		Grmais	CAUC	MONTH - 25-1895	86	MONTHS DAYS HOURS MIN.				
2 1/1	7a. 8	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	9 BALTIMORE CITY OR COUNT	TY OF DEATH				
5 150		VIRGINIA	USASA	MARRIED NEVER MARRIED	- 0	. 12 -1				
151		TY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR				
91	E	- 12.14ev1864)	Ft. Washington	n Rehabilitation Ce	nter HOUSEWEE	LIFE) INDUSTRY				
877	UsU	AL RESIDENCE LIF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)						
(他り	130	MA 136 COUR	1	7	the same of the same of	1- 200117				
78	14. F.	ATHER'S NAME	6. Volleto	15 MOTHER'S MAIDEN	NAME	37 20790				
16		THOMAS D.	FICK	LIN FOU FANNY	MIDDLE	LAST				
0 1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	8603 Adios	St, Clinton, Md				
8		NO.		2-634/ Mrs.Alice		20735				
t, # .		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (l	b), and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ven		PART I. DEATH WAS CAUSE	TE CAUSE (a)	uminia						
or re			DUE TO, OR AS A CONS	SEQUENCE OF		100000000000000000000000000000000000000				
nation,		Canditions, if any, which	(b)							
(L) (L)		gave rise to immediate cause (a, stating the	DUE TO, OR AS A CONS	FOLIENCE OF						
ol, cro		underlying cause last.	(6)			4-900				
jury, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	IVEN IN PART 11a				
me prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED				
Hygie 18 sho	E	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21s HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	TES NO				
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR						
or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M.	211 LOCATION						
morked	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY O		CITY OR TOWN	COUNTY STATE				
E		220 I certify that (1) (this hosp	tale attended the deceased f	ram 5-3 19	84 to 4-11	. 19 85 that (I) () last				
F .S		saw the deceased alive an	4-11	19 85 and that in (my) (er) apir	nian death accurred an the date and ha	our and from the causes stated				
1.1		22b. SIGNATURE	at view the bady after death.	DEGREE		22c. DATE SIGNED				
- 1		2011	H. + Xun	ATTENDIN PHYSICIAL	G MEDICAL STAFF N MEDICAL PHYSICIAN	04/11/85				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	27 d. PHYSICIAN'S NAME (TYPE O	SR PRINT)		701 Livingston Ro					
80		William V D.	mat M D		_	ad, midi				
1 3	22-	William K. FU		23c NAME OF CEMETERY OR CREMATO	nington, Maryland					
	230	SPEC(FY)			CITY OR TOWN	COUNTY STATE				
31	24 5	BURIAL DIRECTOR DE LETT	April 12,85	Cedar Hill Cemeter	y, Suitland, P.O	G. Maryland				
60M 7/84	29.1	NAME LOKEL FOL	ERAL HOME, 6	33 Old Alexander 250	ATK 1 6 1985	STRAR'S SIGNATURE				
5, 4)		Ferry Road, C	Clinton, Maryla	and 20735						



requires that the death certificate be

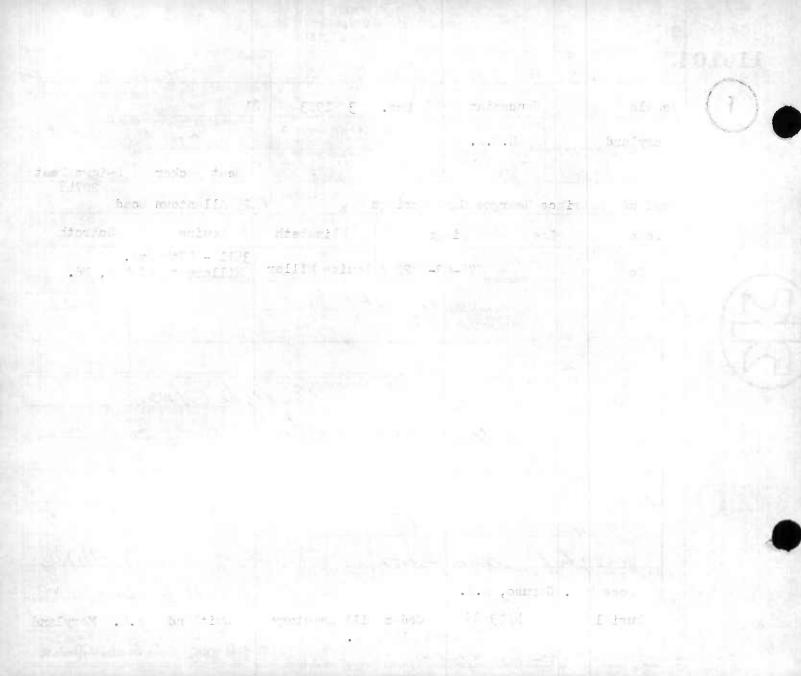
TENDING PHYSICIAN, The low

TO HOSPITAL O

STATE OF MARYLAND

THE		FOR STATE REGISTRAR	DEP		LITH AND MENTAL HYGI ATE OF DEATH	REG. NO		
1161	n.	DECEASED NAME FIRST	MIODLE	LAS		20 DATE OF DEATH MONTH	DAY YEAR	R 2h HOUR
	·	ROSI	F. A	BIG	2 2	4	16 8	5 III. Was
1	1	3. SEX	4 RACE	5. DATE OF		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TY	EAR IF UNDER 24 HRS
( F	)	Female	Caucasian	Oct.	3°^1903°	81		ATS HOURS MIN
100	57	To BIRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	_	9 BALTIMORE CITY OR COU		1 ^
	20	Maryland	U.S.A.	WIDOWED	NEVER MARRIED 💥	PRINCE	GED	REFERE
0 2		10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR		120 USUAL OCCUPATION		DOF BUSINESS OR
by the	e (c)	CLINTON	Souther	N M.	HOSPITA	Meat Packer		iggs Meat
filled in	35	13a. STATE 13b COUR	e Georges Camp	R TOWN 11	Rd. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C 6425 Allentown	ODE Road	20748
e y	1/1	M FATHER'S NAME			MOTHER'S MAIDEN NAM	AE		
aple ond	60		ee Bigs	SS	Elizabeth	Löüfse	Sc	chroth
07	med ca	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATEST		NEORMANT Louise Miller	3511 ADDAY th Hillcrest H		Md.
pers.	1	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per ly a far mi, (	bi, and ic i	01 4	1122202000	MITWE MITWE	HORMATE BITEFY A
phy on oo	event		ED BY TE CAUSE (a)	to Hear	- Salue		/	Eden
ding	ofic e		DUE TO, OR AS CONS	SEQUENCE OF				
the atter	ner froum	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS			200	+	-
lens in c	0.0	underlying cause last	(c)					
Die Control	, Land		CONDITIONS CONTRIBUTING	G TO DEATH DUT N	OT RELATED TO THE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PART	f lia
1.0	- 4	190 DATE OF OPERATOR  2)24 95  210. ACCIDENT WAS UNDERLYING	119b. CONDITION FOR W	MICH OPERATION	/nul	do AUTOPSY? 20h. IF	YES, WERE FIN	IDINICS LISED
0 10 1	1	3/2/1/01	B &	HICHOPERATION	WASTERFORMED	_ IN CE	RTIFYING CAU	SES OF DEATH?
icion de la constante de la co	2	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	abstitut	Ale HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	YES	NO [
the state of the s	U	000000000000000000000000000000000000000	110110 1 11 1101171		THE FIGURE WAS A STATE OF CORR	ED (ENIER MATORE OF INJORA IN 115W	18 PART TORPART	2)
Merid	1/	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	II LOCATION			
offer the	n e d	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY O		STREET	CITY OR TOWN	COUNTY	STATE
古 安 美	É	77n I certify that (I) (this how	1 . 1 11		19 81	to		, that (I) (v) last
1 0 3 5	7	taw the deceased alive on	at) view the bady after death.	19, and	that in (my) ( apınian d	leath occurred on the dote and	hour and from	the causes stated
or he but		27h Sashiature/	00	DE	GREE ATTENDING	MEDICAL CTAFF	22c. D/	ATE SIGNED
die die	-	bresh	Moren	- MO.	PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN		1111/8
D FUNE	/ NOK	Joseph P. C	aruso, M.D.		9131 PIS	CATALAY A	n CLI	van noo.
6 2233		230. BURIAL, CREMATION, REMOVAL	23h. DATE 4/19/85		METERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP	- 4	(SPECIF Burial			ill Cemetery		P.G.	Maryland
IMH - 16 60M 7	7/84	24 FUNERAL DIRECTOR	ADD	On Hill,		REC'D. BY REGISTRAR 25b. REC		NATURE AND

DHMH - 16 60M 7/8 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENCAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN TYPE OR PRINT! Carroll Bollinger Nevin DEATH MATED 14. RACE 6 AGE (IN YEARS IF UNDER 1 YR. SEX IF UNDER 24 HRS 2c. DATE 66 RONOUNCED White Male 1918 DEAD 70. BIRTHPLACE ISTATE OR 10. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Maryland U.S.A. Prince George's County WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS 5209 Edgewood Road Animal Husbandry College Park Dept. Of JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Agriculture 5209 Edgewood Road 20740 134 INSIDE CITY LIMITS? Maryland YES NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lenora Rav Bollinger Munson 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) Yes 214-28-8950 Erika E. Bollinger (Wife) Same as 13e 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inquiry and in my opinion Natural causes death resulted fram: Suicide Homicide Undetermined manner TITLE (SPECIFY) 1919 Seminary Rd. Sil. Spg. Md. John S. Rogers, M.D. 236. BURIAL, CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 4/5/85 Fort Lincoln Cemetery Maryland Brentwood P.G. 07/84 "Francis Casch's Sons Funeral Home, P.A. 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** wie Landson Randsee 4739 Baltimore Ave. Hyattsville, Md. 20781 (VR A15 ME (5))

STATE OF MARYLAND

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### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL DECIENT

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		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST EUGEN	VIA C		BONE	20. DATE OF DEATH MONTH	12 1985 10°
	3 SE	X	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS
1		emale RTHPLACE   STATE OR FOREIGN	Caucasian		wary 1, 1895	90 YRS 9 BALTIMORE CITY OR COUN	
12		COUNTRY)		MARRIE	D NEVER MARRIED	Da ita a	
9571		ndiana	USA	WIDOW	DROTHER INSTITUTION	120 USUAL OCCUPATION	EORGE 1126 KIND OF BUSINES
80	-	IN TO N AL RESIDENCE (IF NURSING HOME	Southern	MARVIA	ND HOSDITAL	Teacher	
36	13a. S Ma:	ryland Prince	UNTY 13t. CITY O		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	
18	14. FA	THER'S NAME	MIDDLE (/	AST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
160			Culbert		Unknow		
dico /		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	L SECURITY NO.	17 INFORMANT	11007^Pffi11i	ps Drive
E /		No N/	A 579-6	0-6257	Eileen Watk	ins Upper Marlb	
7 4		18. CAUSE OF DEATH (Enter I PART I. DEATH WAS CAUS	only one couse per line for 101,	(b), and (c).)			BETWEEN ONSET AND
- 0							
nows any injury, o	TIFICATION	PART 2 OTHER SIGNIFICAN ARTER O SCLO CONGESTIVE 190 DATE OF OPERATION	CONDITIONS CONTRIBUTION FOR	LURC.	BRUNCHI		CIVEN IN PARTY ON FEET STATES WERE FIND INGS USES OF DEATH YES NO
m 18 shows any injury, o	CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITION FOR 196 CONDITIO	WHICH OPERATION	DN WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY? (0b. IF	YES, WERE FINDINGS USED ET IFYING CAUSES OF DEATH YES NO
en en	CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR 1	WHICH OPERATION  TH DAY YEAR  19	211 LOCATION	200 AUTOPSY? OB. IF IN CER	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH YES NO 18 PART 1 OR PART 2)
en en	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED	196 CONDITION FOR 1 216. TIME OF INJURY HOUR A.M. MONT P.M.	WHICH OPERATION  TH DAY YEAR  19	ON WAS PERFORMED  21c HOW INJURY OCCUR	200 AUTOPSY? Ob. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO 18 PART 1 OR PART 2)
en en	CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTHY MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) (this has sow the deceased allive of the second of the contribution of the second of the secon	21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY)  pitol) oftended the deceosed	WHICH OPERATION  THE DAY YEAR  19  OFFICE FARM ETC.)  From MAR.	216 HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? 106. IF IN CER YES NOW NITEM IN TEM I	YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH YES NO 18 PART LORPART 2)  COUNTY 57.
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Stote Dept of Health and Merical Hygier NT. If them 21 is marked or item 18 shows	CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has sow the deceased alive and obove, (1) (we) (did) (did	21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY  pital) attended the deceased and A.R.  21e OFPRINT)	WHICH OPERATION  THE DAY YEAR  19  OFFICE FARM ETC.)  From MARC  19  S	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN  222 ADDRESS	700 AUTOPSY? OB. IF IN CER  YES NOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN   ATTS 24	YES, WERE FINDINGS USED PATHY SOLUTION OF DEATHY SO
If them 21 is marked or them 18 shows	MEDICAL CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify thot (1) (this hos sow the deceosed olive cobove, (1) (we) (did) (did 1) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1791)	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME. SIREET, FACTORY (DITO) ottended the deceosed on ARCL (DITO) view the body ofter death (CAPONE)	WHICH OPERATION  TH DAY YEAR  19  OFFICE FARM ETC.)  from MAR. (	211 LOCATION SIREET  211 LOCATION SIREET  ATTENDING PHYSICIAN  272 ADDRESS  7 7 7 7 8 19 8 5 7 7 7 7 8 19 8 19 8 19 8 19 8 19 8 19 8	TO AUTOPSY?  VES NOW  RED (ENTER NATURE OF INJURY IN ITEM.)  CITY OR TOWN  CITY OR TOWN  DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN MARKEDICAL  MEDICAL STAFF  ME	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH YES NO 18 PART 1 OR PART 21  COUNTY ST.  19 that (h (w
Stote Dept of Health and Merical Hygier NT. If them 21 is marked or item 18 shows	MEDICAL CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify thot (1) (this hos sow the deceosed olive cobove, (1) (we) (did) (did 1) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)  22d. PHYSICIAN'S NAME (TYPE)  22d. PHYSICIAN'S NAME (TYPE)	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME. SIREET. FACTORY (DITO) ottended the deceosed on ARC (DITO) view the body ofter death (CAPONE) AL 23b. DATE	WHICH OPERATION  THE DAY YEAR  19  OFFICE FARM ETC.)  from MARC  19  236, NAME OF 6	211 LOCATION SIREET  211 LOCATION SIREET  ATTENDING PHYSICIAN  272 ADDRESS  ADDRESS	TO AUTOPSY?  VES NOW  RED (ENTER NATURE OF INJURY IN ITEM.)  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF  DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIVINION  23d. LOCATION  LITY OR TOWN	YES, WERE FINDINGS USED IT IFYING CAUSES OF DEATH YES NO 18 PART LOR PART 21  COUNTY ST.  22c. DATE SIGNED  APRIL 13  COUNTY ST.
Stote Dept of Health and Merical Hygier NT. If them 21 is marked or item 18 shows	MEDICAL CERTIFICAT	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (HE EITHER NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify thot (1) (this hos sow the deceosed olive cobove, (1) (we) (did) (did 1) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPHALL)  BURIAL, CREMATION, REMOVA	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME. SIREET, FACTORY (DITO) ottended the deceosed on ARCL (DITO) view the body ofter death (CAPONE)	WHICH OPERATION  THE DAY YEAR  19  OFFICE FARM ETC.)  From MARC  19  23(, NAME OF C.)  Lee's	211 LOCATION SIREET  211 LOCATION SIREET  ATTENDING PHYSICIAN  272 ADDRESS  7 7 7 7 8 19 8 5 7 7 7 7 8 19 8 19 8 19 8 19 8 19 8 19 8	TOO AUTOPSY?  YES NOW  NOTE IN CER  RED (ENTER NATURE OF INJURY IN ITEM.)  CITY OR TOWN  CITY OR TOWN  APPL APPL APPL APPL APPL APPL APPL APP	YES, WERE FINDINGS USED PATHY ST. NO

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within 24 hours ofter death. Page

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certificate

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ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etoined by the hospital or ottending physicion.

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MIGIENE CERTIFICATE OF DEATH

	RE	G.	N

7 A.	1 DECE	ASED NAME FIR	5.1	MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	Tat. 110	110
5	(TYPE OR	PRINT	SEPH P.	BOQUE		A31	28 DATE OF DEATH		85	26 HO	
	3. SEX	00	4. RACE	DOQUI	S. DATE C	NE BIDTH	6 AGE LIN YEARS LAST 8		IF UNDER 1 YEAR		R 24 HR
		Male	White			t. 18, 1912°	72		MONTHS DATS	HOURS	MIN
X	7o BIRTI	HPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	YRS. OR COUNTY	OFDEATH		
2		nnsylvania	USA		WIDOWE		PRINCE GE				N
14	СН	EVERLY	PRINCE	H FACILITY, GIVE STREET	ADDRESSI	RAL HOSPITAL	(TYPE OF WORK FOR MOST		12b. KIND C INDUSTRY Real I		
36	Ma:		COUNTY George	es Green	pelt	13d. INSIDE CITY LIMITS?	11 M Laur	éľ Hill	Road 2	0770	
		Peter	Joseph	Boquel		15. MOTHER'S MAIDEN NA Mary	Anne		Ahearn	iT.	
medico	16a WA	S DECEASED EVER IN U	S. ARMED FORCES? YES GIVE WAR OR DATES)	171-09-		Joseph T. B	oquel same		K.		
1	18	CAUSE OF DEATH (Er	itei anly ane cause per	Line far (a), (b), on	nd Ic · ·		4		APPROX BETWEEN	MATE INTI	RVAL D DEATH
vs any injury,	NOIL	ART 2. OTHER SIGNIFIC	Inatio	TION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		TH?
8 sh		OR CONTRIBUTING CAUSE	110110 11	FINJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR				NO	
ked or Ite	WEDICA 21	d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (		FARM ETC )	21f LOCATION STREET	CITY OR 1	OWN	COUNTY		STATE
	-										
n 21 is moi	22	sow the deceased all		L 3 195	7 <b>5</b> ., an	d that in (my) (exc) opinion	death occurred on the	dote and hou		that (1) causes s	
NT: If Item 21 is mo.	27	sow the deceased all above, (I) (was intelled) (i) this SIGNATURE	did nor view the body	L 3 195		DEGREE ATTENDING PHYSICIAN [		AFF _		causes s	tated
	22	sow the deceased all above, (I) (was ided) (i) (b) SIGNATURE	Ive on APA1 did not view the body  (PRE OR PRINT)	MEROA	SMO	ATTENDING PHYSICIAN [	MEDICAL ST.	AFF _	r and from the	causes s	tated
IMPORTANT	27 27 23a BUR (SPE	sow the deceased all above, (I) (was intelled) (i) this SIGNATURE	ive on A P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MENCOA 23(1)	NAME OF C	ATTENDING PHYSICIAN [22e ADDRESS PHYSICIAN [122e ADDRE	MEDICAL ST.	ver Spr	rand from the	SIGNED	tated 2 8 and

DHMH - 16 60M 7/B4 (VRA 15, 4)

Add disorders : I h similar fredit unicul ATTERNAL MORRE PURCEA ROMAN CAUSENS O 1 2 n avval blad Life level to real to the transfer of the forest series of collection to the Travelle cont yard for all posset 5-30 sol ar elles lemont in desert. Millaria Mi Farthell Control the state of the s 

			FOR STATE		DEPAI			ARYLAND AND MENTAL HE	GIENE	2 1 9	0	
LUS	3099		REGISTRAR CEASED NAME	FIRST	MEDICA		R'S CE	RTIFICATE OF		REG. NO.		war In warm
	S S S S E			rra L.	le	Boy	10	9	26 DATE KN OF E DEATH M	NOWN MONTH	F 19.	YEAR 25 HOUR
2	PLEASE DIFECTOR. LUR FILES. TO HOURS	3 SEX		5. DATE OF	BIRTH DAY YEA 23-0	6 AGE (IN YEAR	MONTHS	DAYS HOURS	4 HRS. 2c. DATE PRONOUNCE DEAD	MONTH	DAY	FS 725
	NECESSA G FOR V WIGHIN	FO	RTHPLACE (STATE OR REIGN COUNTRY)		OF WHAT CO		MARRIED	NEVER MARRIED  DIVORCE	H	TELL TILL	NTY OF DEA	MD
	A FRIENCE	Ze	mphe HIN	11. NAME (IF NOT IN 5 4/	OF HOSPITAL,	NURSING HOME ( VE STREET ADDRESS)	Price		12a USUAL OCCUPAT FOR MOST OF WORKING HomeMake	IG LIFE)	ORIN	OF BUSINESS IDUSTRY Home
(	10 35	Ille S	TATE TATE TO THE NAME OF THE PROPERTY OF THE P	NG HOME OR OTHER INSTITU L COUNTY Pr Georg	13c. C	NCE BEFORE ADMISSION ITY OR TOWN  ND1e HI	13	BE INSIDE CITY LIMITS? YES NO	30 STREET ADDRESS			20748
ONE, MD	DEATH PARTY	2	THER'S NAME  James  VAS DECEASED EVER IN	MIDDLE W.		Steele SOCIAL SECURITY		5 MOTHER'S MAIDEN FIRST Elizabe	eth		lasco	
ALTIM	IRS AFTER DE B. GIVE PACE WITH FOR DIVISION	(Y		FYES, GIVE WAR OR DATES]		8-09-35		Clarence			e as	#13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR	ULD BE EXECUTED WITHIN 24 HO "PENDING" IN PENCIL IN ITEM I FE MEDICAL EXAMINER ALONG RED AS BURIAL TRANSIT PERM IEALIH AND MENTAL HYGIENE, ICREMATION, OR REMOVAL.		PART I DEATH WAS L Canditions, if any gave rise to in cause (a) stating th lying cause last.  PART 2 OTHER SIGNIFICANT C	wmeDIATE CAUSE y, which mediate to under- (b) DUE (c)	TO, OR AS A C	ONSEQUENCE OF		Countries 1		dise		n Onset and Death
TAL RECO	00=44=	CERTIFICATION	19a. DATE OF OPERATI	ON 19b. (	CONDITION FO	OR WHICH OPERA	TION WAS	S PERFORMED?			20 AUT	OPSY?
ON OF VI	THE WOOD THE COULD BE RIME HE CARE STATE OF THE COULD BE RIME HE CARE		216 EXTERNAL CAUSE UNDERLYING OF CONTRIBUTING CA	HO	UR A.M. MON	Y TH DAY YEAR	21c HOV	V INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM IS PART I OR P		D NO (p)
DIVIS	AAG AAG	MEDICAL	21d INJURY OCCURRE WHILE NOT W AT WORK AT WO		PLACE OF INJU	IRY (AT HOME, M. ETC.)	21f. LOCA STRI		CITY OR TOWN	0	OUNTY	STATE
•	MEDICAL EXAMINER: CUTE THE CERTIFICATE GE 4 SHOULD BE FOR FOR FUNERAL DIRECTOR: FENDEATH, WITH THE STAND, LEMORE, MARYLAND,		276 I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural causes Pagesto, Pagest	Accide Presy		M.D	Inspection Hamicide  TITLE (SPECIFY) Deputy  DORESS 5009 Ray	Undetermined mann  MEDICAL EXAMIN  burn Ct., Ter	DATE SIGN	3-	8-85
		(5	JRIAL, CREMATION, REA			NAME OF CEME		CREMATORY National	23d. LOCATION CITY OR TOWN		UNIY	STATE
07/84 25M	BP DHMH - 17 (VR A15 ME (5))	24. FI	rial UNERAL DIRECTOR NAME bert E Wi		ADDRESS Sui	tland,			Suitlar C'D. BY REGISTRAR 5 1085	1d PG 136 REGISTRAR'S Win Davids	SIGNATUR	Md E

The contract Tourse little gate Tille freeze 

20937	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.  MODIE  LAST  120 DATE OF DEATH MONTH DAY YEAR 126 HOLDS								
		CEASED NAME FIRST		MIDDLE	U	ST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
y be age 3 leath		Clyde		West		oydston	April 15			4:15Am M	
e 4 ma tor, pa after o	3. SE	MALE	B/A	CK	S DATE O	DAY YEAR	AGE (IN YEARS LAST BIR	MC	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
directions at on		IRTHPLACE (STATE OF FOREIGN 7	1,224	WHAT COUNTRY?	1 7	28/900	BALTIMORE CITY	YRS.	OF DEATH		
Transport of the state of the s		Cansas	USA		WIDOWE		PC			MD.	
by the fu		Seat Pleasant	I IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET NOTTH	ADDRESS)	on Road	17a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retire	F WORKING LIFE)		F BUSINESS OR	
filled in uld be fill	13a	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT Caryland PG	Υ	13c CITY OR TOW Seat	N I	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 4307 NOT	th Ad	20 ldison	7743 Road	
ompletely and 2 shou	14 F	ATHER'S NAME	DDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Mattie	(unknown)		LAS	i i	
certificate be exected by the second on papers. Pages 1 a removal.		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)   1# YES, GIVE V		577 10	8559	17 INFORMANT Lenora Boy	dston-dav		-4630	Colfax	
law requires that the death seen signed by the attending. Then please remove carbo ior to burial, cremation, or is any injury, or other traum	HON	gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	ONDITIONS C		DEATH BUT						
AN: The land.	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?		WERE FINDIF		
NG PHYSICIAN: The law niding physician. The law far this certificate has been the burial-transit permit. The and Mental Hygiene prior arked or Item 18 shows an		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	"	OF INJURY .M. MONTH D .M.	AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT I OR PART 2]		
DING PHYSICIAN: The law recatending physician.  Is After this certificate has been six as the burial-transit permit. Then lith and Mental Hygiene prior to lith and warked or Item 18 shows any its marked or Item 18 shows and Item 18	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21a PLACE LAT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
ox ATTEN hospital or a hospital or a bord for use a bett. of Heal of them 21 is		270 I certify that (I) (this trapped saw the deceased alive an above, (I) (we) Islad) (did not) 275 SIGNATURE	view the body	8 5 19	ar	d that in (my) (more) opinian DEGREE  ATTENDING PHYSICIAN [	death occurred an the a	FF _			
TO HOSPITAL retained by the TO FUNERAL should be detact with the State I IMPORTANT:	73e	EUGEATION SEMOVAL	,	to no	M I)	46 TO LIN	1236 LOCATION	37	1 5-	<	
BP	I	Burial UNERAL DIRECTOR	Apr.			laryland Na	CITY OR TOWN	aurel	Mary AR'S SIGNA	Land	
DHMH-16 25M (VRA 15, 4) 1/79	1	Stewart Funer	1 Hon	ne-4001	Benn:	ng Road, NE	PK 23 1985	1 Mars	avideon-	Market	

15032 APR 2 3 200 " - Alice - 194

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

ENDING PHYSICIAN: The low

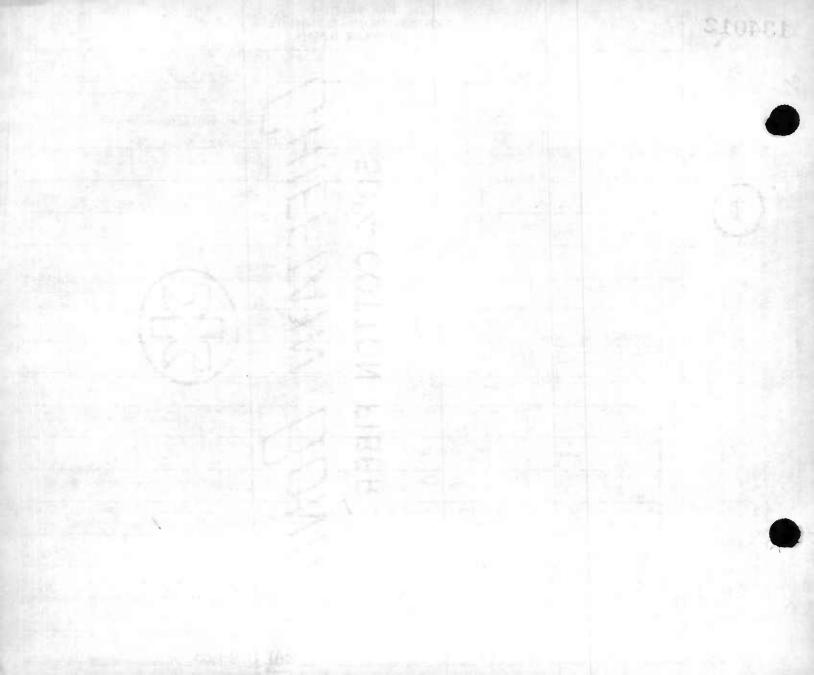
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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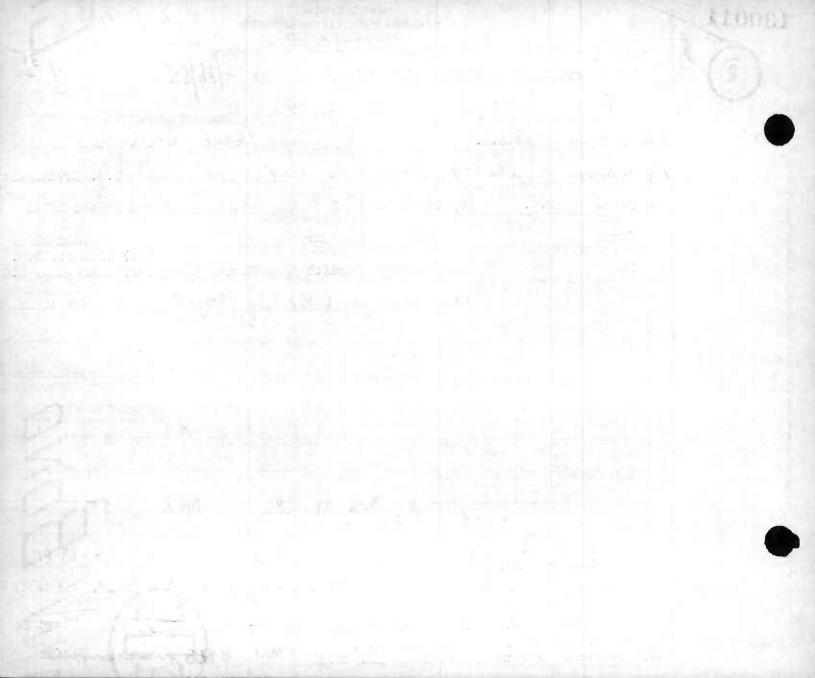
	1-	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		OR PRINT)	iles A. Bi	rady	L	AST	2a DATE OF DEATH	4/30	185	123p
	3 SE	male	4 RACE Wh	ite	Sept.	DE BIRTH	6. AGE (IN YEARS LAST BI		UNDER TYEAR	IF UNDER 24 HR
3		RTHPLACE (STATE OR FORE OUNTRY) Maryland	USA		WIDOWE		Prince Georges			
20	/	TY OR TOWN OF DEATH	(IF NOT II	SUCH FACILITY, GIVE STRE	EET ADDRESS)	nt Center	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Machinist  US Govt			
55		Md i	P. G.	Beltsva	ille	13d. INSIDE CITY LIMITS?  YES \( \bigvee \) NO \( \bigvee \)  15 MOTHER'S MAIDEN NAM	130 STREET ADDRESS	zip code Ldar Lan	ie 207	05
60	)	THER'S NAME Albert	Cook	Brady LAST		Margaret	WIDDLE	Gates	LAST	ī
1		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (1)	U.S. ARMED FORCE FYES GIVE WAR OR DATE				rady, Jr 1:	2525 Old	l Gunp	owder le, Md
injury, ar other trour	NOI	PART 2 OTHER SIGNIF	iote the lost  CANT CONDITION	), OR AS A CONSECUTION OF SECUTION OF SECU		NOT RELATED TO THE TERM	1			
9	CERTIFICATION	19a DATE OF OPERATIO	N 196 CC	INDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, WIN CERTIFYIN	NG CAUSES	
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HOUR	AE OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	[AT HOM	ACE OF INJURY E. STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR TO	) wn	COUNTY	STATE
		22a.t certify that (1) the sow the deceased above (1) we (did		1/2	83.0	nd that in (my (our opinion of	deoth occurred on the c	late and hour or	nd from the o	
7		David 27d PHYSICIAN'S NAMI	TYPE OR PRINT)	chall	te	270. ADDRESS	MEDICAL STA		14/3	30/85
4	23a. l	UPILION, REASION, REASION, REASION, REASING				TEMETERY OR CREMATORY Washington Cen	Adelphi	, Md	OUNTY	STATE
/B4			May	3,1985 G	eorge (	Washington Cen	Adelphi E REC'D. BY REGISTRAI		r'S SIGNAT	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



13	0011	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAPHY	REG.	2 1	9 3	
	(G)	TYPE	CEASED NAME FIRST OR P MARGA		ANNE	BR.	TTEN		20. DATE OF DEATH	5		11 A M
21	7	3. SE.	x Female	4 RACE Whi	te	5. DATE O		1925	6. AGE IN YEARS LAST	BIRTHDAY) YRS.	WONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	oth. Por	1	RTHPLACE (STATE OR FOREIGN COUNTRY) nnsylvania	76. CITIZEN O	F WHAT COUNTRY?			MARRIED -	9 BALTIMORE CITY	_		
10	by the fundified within	10. C	iverdale	Leland	HOSPITAL, NURSING Memoria	Hosp	OR OTHER INS	ONORCED [	Prince Ge 12a USUAL OCCUPA (TYPE OF WORK FOR MOS Payroll (	TION TOF WORKING LIF	176. KIND ÓF E) INDUSTRY	BUSINESS OR Overnment
AND 212	24 hour filled in sould be	13 <sub>0</sub> M	3	E OR OTHER INSTITUTION OUNTY	136. CITY OR TOW Hyattsvi	N	YES X	CITY LIMITS?	13e.STREET ADDRESS 4217 Ogle			
MARYL	completely ond 2 sh		James	MIDDLE	English		Ма	rs maiden na First Lry	WIDDLE			erick
TIMORE	an and c		VAS DECEASED EVER IN U.S. YES, NOOR UNKNOWN) (IF YES,	ARMED FORCES?	204-12-9		Judit		Wimmel (Da	RESS 770 ughter	)Washin	
.DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	quires that the death certificate signed by the attending physici her please remove carbon paper to buriol, cremation, ar remaval. njury, ar other traumatic event, the	NO	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED.  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO,	OR AS A CONSEQU	ENCE OF		the lu	0	NDITION GIV	41	MATE INTERVAL INSET AND DEATH
DIVISION OF VITAL RECORDS,	he low re no. has been t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	700 AUTOPSY?		S, WERE FINDIN YING CAUSES (	
I OF VIT	ding physician is certificate h burial-transit if Mental Hygies or Item 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	of injury a.m. month D. p.m.	AY YEAR			RED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ARI I OR PART 2)	
IVISION	the the ond	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC (AT HOME:	E OF INJURY STREET, FACTORY OFFICE, I	ARM, ETC )	21f LOCAT		CITY OR	town	COUNTY	STATE
•	OR ATTENION hospital birectors, ched for us opt. of Hem 21 is		220.1 certify that (1) (this he saw the deceased alive abave, (1) (we) (did) (did 27b. SIGNATURE	on	2.8 19	8 [	nd that in (my	ATTENDING	death accurred on the	date and hou		
	TO HOSPITAL ( TO FUNERAL E should be detor with the State E IMPORTANT: If			(eung, ho				6 W ood	yard Rd #		lista, o	nd 20135
	BP		BURIAL, CREMATION, REMOV (SPECERY) Cremation	4/29/	/85 Me	tropo	litan	Crematory Cremato	23d LOCATION CITY OR TOWN  TY Alexan	dria	N/A V	Virginia
	DHMH - 16 50M 4/83 (VRA 15, 4)	247	affels Casch's 739 Baltimore	Sons Fu Avenue H	meral Hom	e. P.	Α.	250. DA	TE REC'D. BY REGISTRA	AR 25b. REGIST	RAR'S SIGNATU	



FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	REGISTRAR		CERT	IFICATE OF DEATH	REG. N	NO.	
Ì	I. DEC	EASED NAME FIR	RY G	RAHAME	BROOKE	20 DATE OF DEATH	MONTH 0AY YEAR 4 - 3-85	1130 P
	3. SEX	Female	14. RACE Whi	S. DAT	E OF BIRTH 24/1889	6 AGE (IN YEARS LAST B	WONTHS DAYS	
1		THPLACE (STATE OR FOREIC	N 76 CITIZEN OF	WHAT COUNTRY?	RIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
4		Marylan		A. WIDO	WED DIVORCED	□ Prince		MD.
		Laurel	(IF NOT IN SUC 416	HOSPITAL, NURSING HOME HEACILITY, GIVE STREET ADDRESS) COMPTON AV	. (Home)	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewif	OF WORKING LIFE) INDUSTRY	
	13a. S1	13b	COUNTY P. G.	GIVE RESIDENCE BEFORE ADMISSIO 130. CITY OR TOWN Laurel	YES NO	416 C	smpton Are	707
2	i.	THER'S NAME FIRST Malcolm	WIDDLE	Grahame	Is MOTHER'S MAIDEN	ajdoliw	Ire	and
		(AS DECEASED EVER IN U es, no or unknown) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	219-10-193		ma BiRice 4	tog Prince G	come St. Laure
		18 CAUSE OF DEATH (Er PART I. DEATH WAS C	nter only one couse per AUSED BY: (EDIATE CAUSE (a)	line for (o), (b), and (c)	PIRATOR	{ FAILUR	d.20707 APPRO	NAMATE INTERVAL NONSET AND DEATH
		Conditions, if any, whi gove rise to immedia couse to, stating t	ch (b) the DUE TO, OI	R AS A CONSEQUENCE OF	HSPIRAT	ION PNEW	MONIA	
	NOI	PART 2 OTHER SIGNIFIC	(c)	DITRIBUTING TO DEATH B	UT NOT RELATED TO THE T	FERMINAL DISEASE OR CO		
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
		210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	M. MONTH DAY YEA	R	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e PLACE	OF INJURY EET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR I	Own County	STATE
		22a 1 certify that (I) (this	hospital) attended the	x 3/15 19 85	and that in (my) (our) opi	nion death occurred on the	dote and hour and from th	. tho (1) (we) last e causes stated
		226 SIGNATURE	Num	- MD	DEGREE ATTENDIN PHYSICIA		AFF 4	E SIGNED
		TREGORY	A COR	1PTON M	1270 ADDRESS   H201 L	AURE PAR	2K DR#221	LAUREL M
		URIAL, CREMATION, REM SPECIFY) Burial	OVAL 236. DATE 4/8/85		y Cemetery or cremato	Upper Ma	arlboro, (Pr.	Geo's)AME Md
		And had been dealers and an arrangement of the second		er Marlboro,	100	DATE REC'D. BY REGISTRA		TILIBE
		THE PARTY OF THE P						

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND

	REGISTRAR				CERTIF	ICATE OF DE	AIN	HEG. NO.			
	CEASED NAME	FRIST		WIDDIE	- 1	A57		N. DATE OF DEATH MONTH	DAY 1EAR	7k HOUR	
		hlee	n Ma	rie	BROOKS  March 29,1985  S.DATE OF SIRTH  MODIFIED THE STATE OF SIRTH  TO 20 1951  7 20 1951  33 YES  MARRIED NEVER MARRIED DIVORCED DIVORCE						
1.56 F	x emale		Black			Dar		22	MONTHE DAYS		
Ta swittplace tildicatorios 75.Ci Washington, D.C.				Marie BROOKS  Marie BROOKS  S. DATE OF BRITH  MODIN THAN  THAN 1951  S. DATE OF BRITH  MODIN THAN 1951  TO DATE OF BRITH  MODIN THAN 1951  A AGE PRIMARY LIGHT BRITHOUS DESCRIPTION OF PRINCIPLE STANDS AND PRINCIPLE STAND	ANI						
Lanham			11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACEUR, ONE STREET ADDRESS)  Doctors' Hospital of Pr. Geo. Co				street on words son worst of wither architect Pullburs TRV				
MD	AL RESIDENCE (# MURI STATE	P.G.	ROTHER INSTITUTION NTY	HE CITY OF TOW	74	The second secon	50 D 000 B 10 P 10	6319 Landover	ODE Rd #303		
14. F/	Dennis		MEDOLE		1	1.0	857				
1			RMED FORCES? WE WAR DE DATES!					ooks Landove	ndoyer B	785303	
IN CAUSE OF DEATH (Enter PART I, DEATH WAS CA			nly one couse per ED BY: TE CAUSE (a)	conti	in)	dul	M	,	APPROD	ONSET AND DEATH	
	Conditions, if any, gave rise to immediate to state underlying course	which nediate ig the		per	in	ley	Sti	Wim			
NOLL	PART 2 OTHER SIGN	en	uni	7	Al	Mus	Mi	mun-	<u> </u>		
TIFICATION	THE DATE OF GPERA	TOTAL .	THE COND	I SON FOR WHICH	1	WAS PERFOR	WED	YES NO B	RTIFYING CAUSES	OF DEATH?	

219. TIME OF INJURY M.A. RUCH MONTH DAY YEAR

P.M.

71e PLACE OF INJURY

COUNTY STATE

27h SIGN

OF CONTRIBUTING TO CAUSE OF DEATH

ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN

our opinion death occurred on the date and hour and from the causes stated

Extraktioner

LEWIS H. DENNIS, M.D.

224 PHYSICIAN'S NAME (1188 OLFBRID)

22x ADDRESS

211 LOCATION

831 Univ. Blvd E., Silver Spring, Md. 20903

73s BURIAL CREMATION, REMOVAL ESPECIFIC

M FUNERAL DIRECTOR ROLLINS FUNERAL HOME, THONY Memorial Park

736 DATE

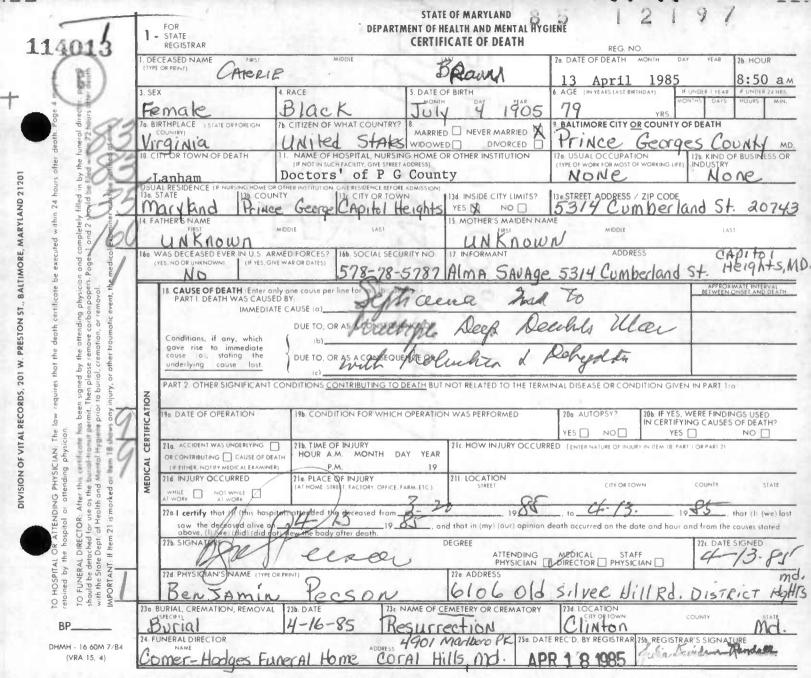
DHMH - 16 60M 7/84

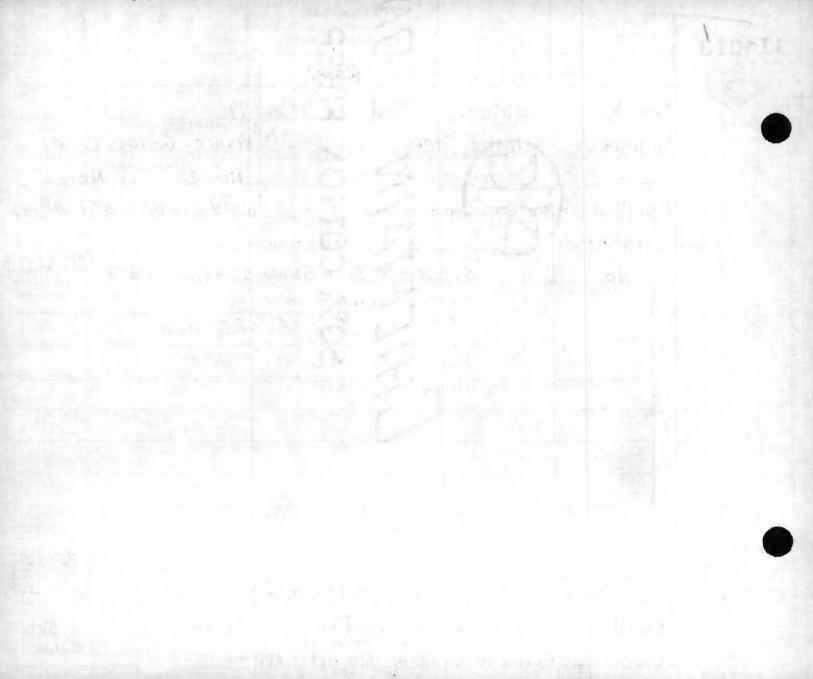
4339 HUNT PLACE, N.E. (VRA 15, 4) WASHINGTON, D.C. 20019

ROLLINS FUNERAL HOME, INC. ACCO NULT PLACE, N.E. CICOC CO. COTOLMICAN

DIVISION OF VIT

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	Course of less than						
SWAS Lead	t 1	DASADKAR KORE MALIYA					
	101.51						
				100			
	1200						
		11.55	ſ				
* * * * * * * * * * * * * * * * * * *	allah fat		<b>b</b>		rgajus URM A	er name	





FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

	REGISTRAR			CLRIII	ICATE OF DE	AIR	REG. N	0.			
	DECEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH DAT	YEAR	26 HOUR	
	Lest	er He	eathen	BR	OWN		April 16.	1985		6:55E	<b>o</b> M
3. 5		4. RACE			OF BIRTH		AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24	HR5
	Male	Black	K	MONT	t. 15,	1899	85	YRS	DAYS	HOURS	MIN
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MARRIED			BALTIMORE CITY C		FDEATH		
	Virginia	USA		WIDOW		RCED	Prince (	George'	s		MD
10.	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN				12a USUAL OCCUPAT		12b KIND C	OF BUSINESS	SOR
_	Lanham		rs Hosp:		of Pr. G	eo. Co	·Truck dr		I TOSTKY		
US 13a	UAL RESIDENCE LIF NURSING HOME STATE 136 CC		13c. CITY OR TOW		134 INSIDE CITY	LIMITS?	3e STREET ADDRESS	ZIP CODE	20	7/57	,
_	Maryland	PG	Cedar	Heig	hytese >	0 🗆	6308 L S		OX.C	101	
14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S A		E MIDDLE		LA.	51	
	eter Brown					ur	nknown				
160		ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMAN	5105	Church	Road-1	Mitch	ellv	il
	no	218 03	218 03 8502 Mary Fletcherd					aughter Md.			
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause pe	r line far (a), (b), an	d (ct.)					BETWEEN	ONSET AND DE	EATH
MEDICAL CERTIFICATION		NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM				200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				?	
ERT	210 ACCIDENT WAS UNDERLYING	DE INJURY 21c. HOW INJURY OCCURR			DV OCCUPER	YES NO	YES		NO [		
AL C	OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH DA	AY YEAR	21t. HOW 1430	KT OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	ORPART 2)		
2003	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TO		COUNTY	STA	
MI	WHILE NOT WHILE AT WORK	(AT HOME ST	REET FACTORY OFFICE F	ARM ETC }	ZIKEEI		CITYORTO	WIN	000111	318	16
	220 I certify that (I) (this ha	spital) attended t	ne deceased fram_			19.80	_, to4	111 19	85	that (I) (we	e) las
	saw the deceased alive obove. (It (we) taleb take	saw the deceased alive as 19 19 19, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above. If we clidical locations the body after death.									ed
	HEREITE ?	nla	ead			ENDING YSICIAN [X	MEDICAL STAI	FF CIAN (	22c. DATE	SIGNED	
	274 PHYSICIAN'S NAME (TYPE OR PRINT)  276 ADDRESS										
	GERARDO	MG	ACAD		649	2 1	ANDONETH	2 RD	CO	UDOW	27
23u	BURIAL CREMATION MOV	AL TOTAL DATE	3.70	NAME OF C	EMETERY AND CR		73d LOCATION	ME	20	781	
	Burial (/ /	Anri	Carrier -	85 -	-	THE RESERVE OF THE PERSON NAMED IN	Cemeter	w Ch	COUNTY	field	TE
_	VIA /		1/2	7	De to the state of	THE STATE OF THE STATE OF	Cemerer	y Clie	POLET	TTET	u,

Road

Benning

DHMH - 16 60M 7/B4 (VRA 15, 4)

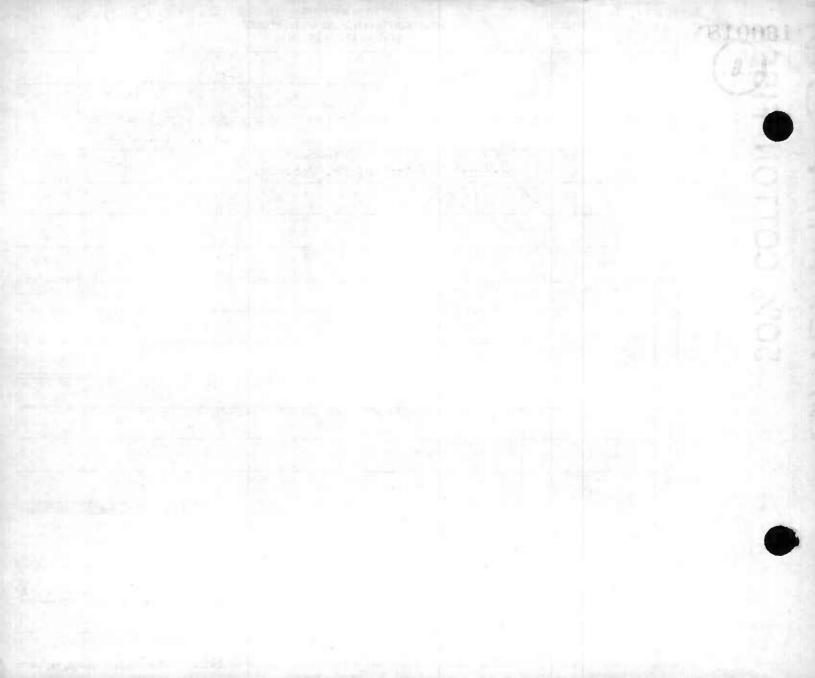
24 FUNERAL DIRECTI St.ewart

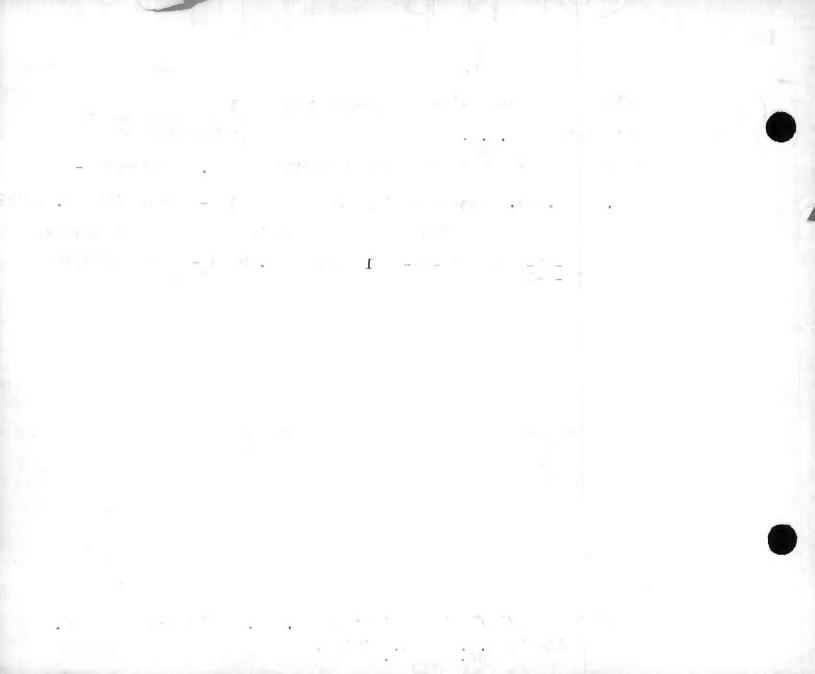
Funeral

should be detached for use as the burial-transit perm. If the with the State Dept. of Health and Mental Hygiene prilar to IMPORTANT: If them 21 is marked or Item 18 shows any

TO FUNERAL DIRECTOR: After this certificate has be

HOSPITAL



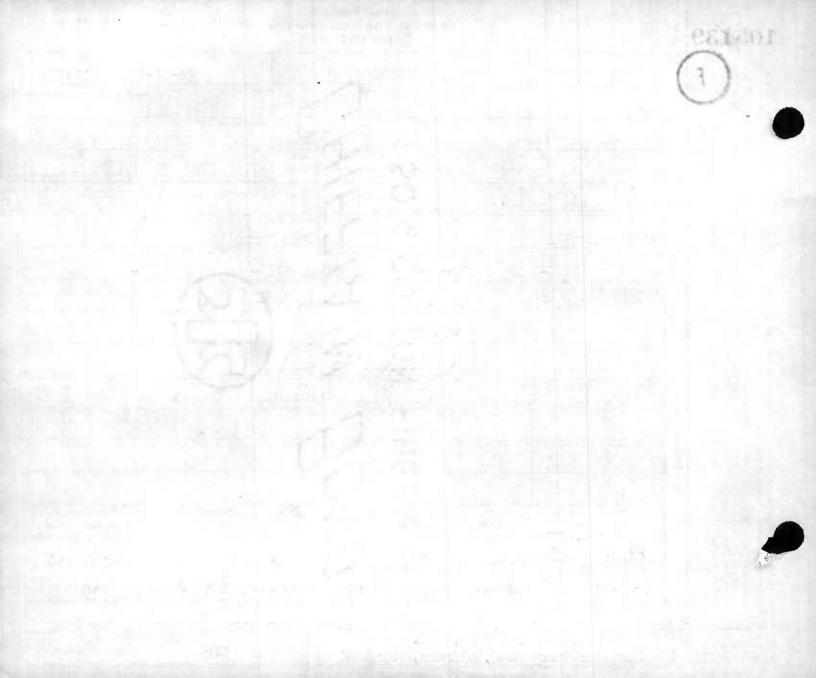


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPIENE

13 2

5139	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	ii iia daa	0 0
-		CEASED NAME FIRST	MIDDLE	LAST	2e. DATE OF DEA		YEAR 26 HOUR
E E	IYPE	EUGENE		BUCCELLI SP		04-01-85	11:00a
d de	SE		4. RACE	5. DATE OF BIRTH	6 AGE UN YEARS L		
of ter	SE		4. KACE		EAR INTERNST	MONIHS	
urs of		Male	Caucasian	August 5, 191	6 68	YRS	
2 ho		STHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIE XXXVEVER MARR	IED 9 BALTIMORE C	ITY OR COUNTY OF DE	ATH
In 7		Pennsylvania	USA	WIDOWED DIVORG		GEORGE'S COU	JNTY
Led with	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET	OF HOME OR OTHER INSTITUT		UPATION 12b	KIND OF BUSINESS OF
ed in		CLINTON	SOUTHERN MARYLAN	ND HOSPITAL	Police Of		w Enforcem
hauld be f	lar s	rland Prince G		1 YES X NO	MITS? 13e STREET ADDR	RESS / ZIP CODE Cap	oitol Hill Lice Depart
ond 2 s		THER'S NAME Carmen Buccelli	MIOOLE LAST	15. MOTHER'S MA Csioni	noc Verzelli	Oryden Place	e (20,735)
6 co /		AS DECEASED EVER IN U.S. AR				ADDRESS	
Pag		es no or unknown) (IF YES GIVES)	-1939 577-20-	8942 Nina Buc	celli - Same	As #13 A-E	
the r					,		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
hys pap tovo ent,			ly one cause per line for (a), (b), or D BY-	Respirator	. Failur		ETWEEN ONSET AND DEATH
ren		IMMEDIAT	E CAUSE (o)	- 36 11 a 10 la	, , , , ,		
mat			DUE TO, OR AS A CONSEOU	ENCE OF a			
ortio ortio		Conditions, if any, which	(b)	aco a ( ne			
the rem		couse (a), stating the	DUE TO, OR AS A CONSEQU		1	N 1	
d by ease al, cr		underlying couse lost	(c) Acute	Cerebril Jut	metim		
Then pl	NOI	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO			CONDITION GIVEN IN I	ART 110
hos bee r permit. ene prio ows any	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORME	200 AUTOPSY	IN CERTIFYING	FINDINGS USED (AUSES OF DEATH?
Hygi 18 sh	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY	OCCURRED (ENTER NATURE O		PART 2)
To Forth		OR CONTRIBUTING CAUSE OF DEA					
Men r He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	211 LOCATION			
E . To	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE		CITY	Y OR TOWN CO	UNIY STATE
the pa		AT WORK AT WORK					
After to as the lith and corked				SAA AZ III AAA	E7		
Vse as the Use as the Health and is marked		22a   certify that (I) (this hospi	tol) attended the deceased from	MARCH III	85 to Apr	19 6	, that (I) (we) los
CTOR: After the for use as the for use as the of Health and 121 is marked	R	22a   certify that (I) (this hospi	tol) attended the deceased from the LH 30 19	PS ond that in (my) (aur)	apinion death accurred on	the date and hour and fi	om the couses stated
DIRECTOR: After the check for use as the lept, of Health and them 21 is marked.		22a   certify that (I) (this hospi	tol) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE		22	om the couses stated
at DIRECTOR: After the etached for use as the to Dept. of Health and I: If them 21 is marked		220.1 certify that (I) (this haspi sow the deceased hive on above (1) and (did ) did	tol) attended the decessed from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE		22	
- Nin		220.1 certify that (I) (this haspi sow the deceased hive on above (1) and (did ) did	ordina, W	DEGREE	opinion death accurred on  DING MEDICAL  CIAN DIRECTOR P	22	
- Ning Ade		22a. I certify that (I) (this haspi saw the decease helpe an above (I) and did hidden 22b SIGN ATURE 22d PHYSICIAN'S NAME (TYPE O	ordina, W	DEGREE ATTEN PHYS 220 ADDRESS	IDING MEDICAL ICIAN DIRECTOR P	STAFF HYSICIAN (	DATE SIGNED
FUNERAL uld be defined to the State ORTANT:		22a. I certify that (I) (this haspi sow the deceased the on above (I) and (did hidden 22b Sign ATURE 22d PHYSICIAN'S NIME (TYPE O	GOODHAN, MD	DEGREE ATTEN PHYS 220 ADDRESS 750\S	IDING MEDICAL ICIAN MOIRECTOR P	STAFF HYSICIAN (	DATE SIGNED
- Ning Ade	- (	22a. I certify that (I) (this hospi sow the deceased the on above (I) and did did 22b Sign ATURE 22d PHYSICIAN'S NUME (TYPE O	GOODHAN, MD  23b. DATE  23c. DATE	DEGREE ATTEN PHYS 750\ S NAME OF CEMETERY OR CREM	IDING MEDICAL ICIAN DIRECTOR P	STAFF HYSICIAN (	MD  STATE  STATE
- State	Bu	22a. I certify that (I) (this hospi sow the deceased the on above (I) and did not all 22b. Sign ATURE 22d PHYSICIAN'S NIME (TYPE O STURE) URIAL, CREMATION, REMOVAL	GOODAN, MD  23b. DATE  271  271  275  275  275  275  275  275	DEGREE ATTEN PHYS 720 ADDRESS 750 S NAME OF CEMETERY OR CREM ATYLAND Veteran	IDING MEDICAL ICIAN DIRECTOR P  WERAHL EN  ATORY 234 LOCATION CITY OF TO  S Cemetery (	STAFF HYSICIAN ()  Cluster  Num Cheltenham,	Maryland State
- State	Bu 24 FL	22a. I certify that (I) (this hosping the constitution of the cons	GOODHAN, MD  23b. DATE  23c. DATE	DEGREE ATTEN PHYS 750 S NAME OF CEMETERY OR CREM aryland Veteran	IDING MEDICAL ICIAN DIRECTOR P	STAFF HYSICIAN ()  Clocker  Non Cheltenham, TRAR 259 REGISTBARS	MD STATE SIGNED



FOR - STATE REGISTRAR

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPENE **CERTIFICATE OF DEATH** 

REG. NO

	CEASED NAME OR PRINT)	LAURA		MIDDLE		BUNNS		20. DATE OF		1 2	2 85	1.5	6pm M
3. SE	х		RACE	1000	5. DATE C		AEVD	6 AGE INYE	ARS LAST BIRTHI	DAY)	MONTHS DA		ER 24 HRS
-	nale		Black		1	30	32	53		YRS			
	IRTHPLACE (STATE OR	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	MARRIEI	D NEVER A	AARRIED 🗆	9 BALTIMOR	E CITY OR	COUNT	Y OF DEATH		3.5
	irginia		U.S.A		WIDOWE	D Dr	VORCED				COUNT		MD.
	ITY OR TOWN OF DE	ATH 11	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)			12a USUAL C	CCUPATIO			OF BUSH	VESS OR
C	LINTON MD			ERN MARYI		IOSPITA	L	Nurse			Hos	pita	
	al residence (# nur state <b>1D</b>	13b, COUNTY P.G.		GIVE RESIDENCE BEFORE  13c CITY OR TOW  Largo		13d INSIDE C	ITY LIMITS?	130 STREET A				20	0772_
14 FA	Wayman	MID	DDLE	Willia	ms		MAIDEN NAM	ME	WIDDLE			Bell	336
	NAS DECEASED EVER YES, NO OR UNKNOWN) NO	R IN U.S. ARME (IF YES, GIVE W		166 SOCIAL SECU 227-42-9		John D	• Bunns	s I	ADDRES	Kett	ering	Way 207	72
	18 CAUSE OF DEAT PART I, DEATH V	TH (Enter only ) VAS CAUSED E	BY.	VA - "	valory	ar	rest				BETWE	OXIMATE INI EN ONSET AF	ERVAL ND DEATH
	Canditians, if any gave rise to im cause (a), state underlying cause	mediate ng the e last.	(b)	PAS A CONSEQUI R AS A CONSEQUI DITRIBUTING TO	Photos Phil	ruches Luin NOT RELATED	el M	Letas	ffw. tase	se o	VEN IN PART	1ra	
CERTIFICATION	19a DATE OF OPERA	ATION	19b COND	ITION FOR WHICH	OPERATIO	n was perfo	RMED	200 AUTO		IN CERTI	S, WERE FIN IFYING CAUS		ATH?
	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEATH	216. TIME O HOUR A	M. MONTH D.	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NAT	URE OF INJURY	IN ITEM IB	PART I OR PART	?)	
MEDICAL	21d. INJURY OCCUR	HILE	21e. PLACE ( (AT HOME STR	OF INJURY REET, FACTORY OFFICE I	FARM, ETC )	211. LOCATIO	УN		CITY OR TOWN	× /	COUNTY		STATE
	22a I certify that (I saw the decea above, (I) (w.f.)	sed alive an	41	2/ 19			(our) apinian	death accurred	n the date	e and ha		-,,	(we) last
	on	21	nd.	2	M	(-)-	TTENDING PHYSICIAN D	MEDICAL DIRECTOR [	STAFF PHYSICIA		4	13/2	35.
	L. B	ERU	NA	Ma	Di	9015	Wood		1 RI	1. (	CLIN	ton	ma
	BURIAL, CREMATION		236. DATE			EMETERY OR			ORTOWN		COUNTY		STATE
24.5	Buri		4/8/8			on Nati	onal	Arlin	igton		ingtor		irgini
24. FI	UNERAL DIRECTOR	ROLLINS	FUNER	AL HOME,	INC.		ADD 1	E REC'D. BY RE	GISTRARIZ	REGIS	TRAR'S SIGN	ATURE	

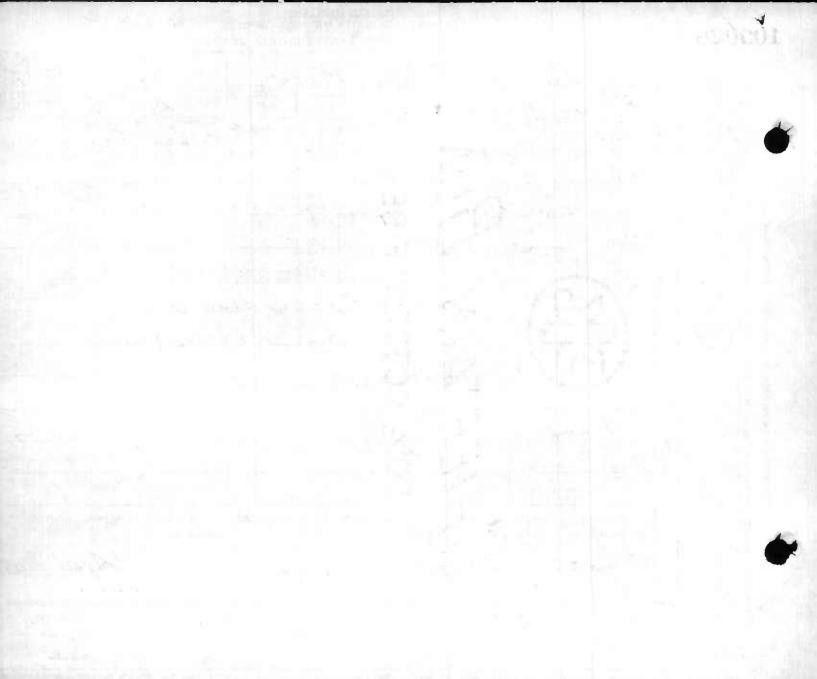
4339 HUNT PLACE, N.E.

WASHINGTON D.C. 20019

-server and read the server and the server and the server

ROLLING FUNDEN HONE, INC.
4020 HONE LAGE, ILE.
WARRINGTON DOLL 20010

4 notice	1	FOR STATE		HEALTH AND MED	TAL PYGIENE 2	204
103088		REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICA	TE OF DEATH RE	G. NO.
PERSONAL PRESSENCE AND PRESSENCE ASTREET.		F / MO	ATE OF BIRTH  ATE OF BIRTH  VEST  16. AGE (IN YE LATTERING)	Y) MONTHS DAYS HO	20. DATE KNOV OF ESTI DEATH MATE UNDER 24 HRS. 24 DATE PRONOUNCED PRODUCED DEAD	114 0185
ED WITHHIN 7	Wa	IRTHPLACE (STATE OR PREIGN COUNTRY OF TOWN OF DEATH	arch 31 1962 .23 USA  NAME OF HOSPITAL, NURSING HOME	MARRIED NEVER	MARRIED 9 BALTIMORE CONVORCED 120 USUAL OCCUPATION	
Y PAGE A	6	(delphi	3408 Chatham Road		for most of working life Unemploye	
IF ANY I	134.5	AL RESIDENCY (IF IN NURSING HOME OR OTHE TATE 13b. COUNTY ATHER'S NAME	RE INSTITUTION, GIVE RESIDE. WE BEFORE ADMISS)	13d. INSIDE CITY LI	D 1.8 - A 1 1	ham Road 10/83
MORE. M R DEATH RW PM PND 2 LOS DEATH	160.	7111iam F.	Burch FORCES?   166 SOCIAL SECURIT	Cather	ine M	Meyers
MATTIMOR JAS AFTER DE WITH FORM L' PAGES I'N DIVISION O	C	None (IF YES, GIVE WAR OF	216-92-866	5 William	m Burch(Father)	Same as 13E
W. PRESTON ST WITHIN 24 HOL ENCIL IN ITEM 11 MINER ALONG TRANSIT PERMIT NITAL HYCIENE.		PART I DEATH (Enter only one PART I DEATH WAS CAUSED BY:  IMMEDIATE CA  Conditions, if any, which gave rise to immediate couse (a) stating the <u>underlying couse last</u> .	USE (o) ACON CO DUE TO, OR AS A CONSEQUENCE OF (b) CON GO DUE TO, OR AS A CONSEQUENCE OF	on tal	Anoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TITAL RECORDS, 2011 SHOULD BE EXECUTED SPO "PENDING" IN PROPERT AND MEST A BURIAL. TO HEALTH AND ME URIAL, CREMATION, (	CERTIFICATION	PART 2 DINER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERM  196. CONDITION FOR WHICH OPER			20 AUTOPSY?
ISION OF VITAL RE RRTFICATE SHOULD ING THE WORD "PE 10 TO THE CHIEF A 15 SHOULD BE USED. 15 SHOULD BE USED. 16 PRIOR TO BURIAL, OF		210. EXTERNAL CAUSE WAS UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OC	CURRED LENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)
DIVISION HIS GRITFIC WRITING TH VARBED TO AGE 3 SHOU FATE DEPART	MEDICAL	CONTRIBUTING CAUSE OF DEATH THE INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	71e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMNER: 1 EXECUTE THE CERTIFICATE, 1 TO FUNERAL DIRECTOR: 1 AFTER DEATH WITH THE SI BALTIMORE MARYLAND; 3		ACTUAL SIGNATURE	he remains described above, held an uses Accident , Su Rogers, MD	Autopsy , In: cide , Hamicide TITLE (SPEC		DATE April 136
	230 E	URIAL, CREMATION, REMOVAL 236 DA		ADDRESS ACTORY Heaven	23d LOCATION CITY OR TOWN	Montgomery Md.
07/84 25M DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR Hines/Rinaldi 1180	00 New Hamp. Ave. S.		DATE REC'D. BY REGISTRAR 256	



HANDAM.

ANNAPOlis

(VRA 15, 4)

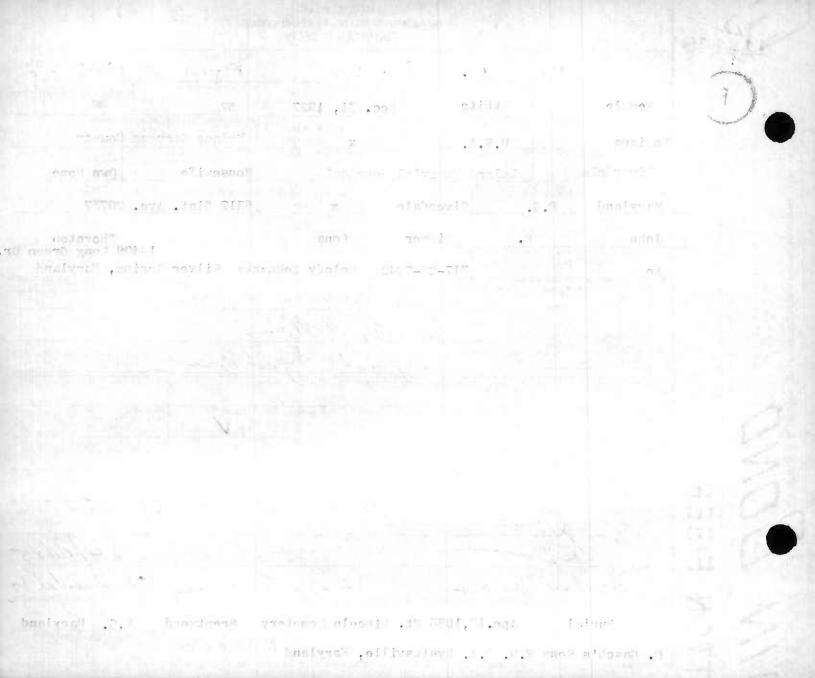
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FOR - STATE

# DEPAR

TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	a do	U	-	
CERTIFICATE OF DEATH	REG. N	10.			
LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. H
	-1	1	- 11	4-1-	1 -

8		EASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONIH	DAY YEAR	2b HOU
i		J	ulia		A.		tuyan	Hpril	15	1985	3
	3. SEX		4.	RACE		5. DATE C		6 AGE (INTYEARS LAST I	SIRTHDAY)	MONTHS DAYS	HOURS
	-	Temale		Whi			31, 1927	57	YRS		
2		OUNTRY)	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY	_		
-		liana		U.S.		WIDOWE		Prince G	-		
70		Y OR TOWN OF DEA	ATH III		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS	OF WORKING		
4	· E	Riverdale			d Memoria		pital	Housewife		Own H	ome
72	13a. S	TATE	136. COUNTY		130 CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS			
2	-	ryland	P.G.		Riverdal	e	YES NO	6317 51st	• Ave	<u>20737</u>	
11		THER'S NAME FIRST	-	DDLE	LAST		15 MOTHER'S MAIDEN NA/	WIDDLE		LA:	
0	-	hn	P		Zimmer		Lona	ADD	DECC 14	Thorn	ton
1		'AS DECEASED EVER ES, NO OR UNKNOWN)	(IF YES, GIVE V		16b. SOCIAL SECU		17. INFORMANT			409 Long	
/	No	)			317-28-7	242	Melody Kokos	zka Slive	r Spr		y Land
		Conditions, if ony, gove rise to improve (0), stating underlying couse	mediate ng the	(6)_	R AS A CONSEQUE	siles	Mellion Lie From	have			
	CATION	gove rise to imp couse (a), statin underlying couse	mediate ng the e lost.	DUE TO, O	AS A CONSEQUE	NOE OF THE BUT	Mellion Not related to the term	INAL DISEASE OR CO	20b. IF Y	YES, WERE FINDI	NGS USED
7	TIFICATION	gove rise to improve (D), static underlying couse PART 2 OTHER SIGN	mediate ng the e lost.	DUE TO, O	AS A CONSEQUE	NOE OF THE BUT			20b. IF Y		NGS USED
7	CERTIFIC	gove rise to improve (D), static underlying couse PART 2 OTHER SIGN	mediote 19 the 10 the 10 lost.  NIFICANT CO	DUE 10. 0  INDITIONS COND  196 COND  216. TIME COND HOUR A	ONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b. IF Y IN CER	YES, WERE FINDII TIFYING CAUSES YES []	NGS USED
79	CAL	gove rise to improve to improve to improve to statir underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (FETHER, NOTIFY MEDI  21d IN JURY OCCUR.	mediate ng the e lost.  NIFICANT CO  TIÓN  DERLYING  CAUSE OF DEATH  CALEXAMINER)  RED	DUE 10. O  NOITIONS CI  196 COND  216 TIME C  HOUR A  P.  218 PLACE	ONTRIBUTING TOO	OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y IN CER	YES, WERE FINDII TIFYING CAUSES YES []	NGS USED
79		gove rise to imma couse (o), safair underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (SESTHER, NOTEY MED)  21d IN JURY OCCUR AT WORK NAT WORLD	mediate ng the e lost.  NIFICANT CO  TIÓN  DERLYING  CAUSE OF DEATH KCAL EXAMINER]  RED  DRK	DUE 10. O INDITIONS CO 196 COND 216. TIME C HOUR A P. 21e. PLACE (AT HOME. ST	ONTRIBUTING TOO  ONTRIB	OPERATIO  AY YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURR	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CER	YES, WERE FINDI TIFYING CAUSES YES B PART I OR PART 2)	NGS USED OF DEATI
19		gove rise to imicouse (0), statir underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONCONTRIBUTING 1214  21d INJURY OCCUR  WHILE NOT WAS UNION AT WORK 14 WO  22a. Certify that (1)  sow the decess obove, (1) (we) (1) (we) (1)	mediate ng the e lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH ICAL EXAMINER  RED  HILE CO  (III) TO	INDITIONS CONDITIONS C	ONTRIBUTING TOW	OPERATIO  AY YEAR  19  ARM. EIC.)	216 HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CER	VES, WERE FINDI TIFYING CAUSES YES (1) 8 PART 1 OR PART 2) (OUNTY	NGS USED OF DEATI NO
		gove rise to improve to improve to improve to statir underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (FETHER, NOTIFY MED) 21d IN JURY OCCUR  WHILE NOTIFY MED) 22a.1 certify that (1) sow the decease obove, (1) (we) (1) 22b. SIGNATURE	mediate ng the e lost.  NIFICANT CO  TIÓN  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  HILE CO  CHILDRICATO	IDUE IO. O INDITIONS COND INDITIONS	ONTRIBUTING TOW	OPERATIO  AY YEAR  19  ARM. EIC.)	216 HOW INJURY OCCURS 211 LOCATION STREET  Add that in (my) (our) opinion of the physician	200 AUTOPSY? YES NO CITY OR CITY OR death accurred on the	20b. IF Y IN CER	YES, WERE FINDI TIFYING CAUSES YES 8 PART 1 OR PART 2)	NGS USED OF DEATI NO
		gove rise to imicouse (0), statir underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONCONTRIBUTING 1214  21d INJURY OCCUR  WHILE NOT WAS UNION AT WORK 14 WO  22a. Certify that (1)  sow the decess obove, (1) (we) (1) (we) (1)	MEDIOTE OF THE CAUSE OF DEATH  CAUSE OF DEATH	IDUE IO. O INDITIONS COND INDITIONS	ONTRIBUTING TOM  OF INJURY  REEL FACTORY, OFFICE, F.  The decepsed from  2 19	OPERATIO  AY YEAR  19  ARM. EIC.)	216 HOW INJURY OCCURE 211 LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY? YES NO CITY OR CITY OR MEDICAL ST	20b. IF Y IN CER	VES, WERE FINDI TIFYING CAUSES YES (1) 8 PART 1 OR PART 2) (OUNTY	NGS USED OF DEATI NO
7	WEDICAL	GOVE FISE to improve the course (D), safair underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF ETHER, NOTHY MED)  21d INJURY OCCUR  WHILE NOTHY MED)  22a.1 certify that (I)  SOW the deceose obove, (I) (we) ((72b. SIGNATURE)	ME (TYPE OR P	DUE 10. O  INDITIONS CI  196 COND  216. TIME C HOUR A PORT  216. PLACE (AT HOME. ST  WILL THO BOOM  RINT)  ABE  236. DATE	ONTRIBUTING TOCOMICH  OF INJURY  M. MONTH DA  OF INJURY  REEL FACTORY, OFFICE, F.  The decepsed from  22  23  Note of the death.	OPERATIO  AY YEAR  19  ARM. ETC.)	216 HOW INJURY OCCURS 211 LOCATION STREET  Add that in (my) (our) opinion of the physician	200 AUTOPSY? YES NO CITY OR CITY OR MEDICAL ST	20b. IF Y IN CER	VES, WERE FINDITIFYING CAUSES YES  8 PART 1 OR PART 2}  COUNTY  19  10  10  10  10  10  10  10  10  10  10	NGS USED OF DEATI NO



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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT)	SON	M. CADY	04	13 85 9.452
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Male	Caucasian	Sept. 8 DAY 1919	65	MONTHS! DAYS HOURS MIN.
70 BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JTRY? 8.	- 9 BALTIMORE CITY OR COLL	
Washington, D.C.		MARRIED TO NEVER MARRIED WIDOWED DIVORCED	□ PRINCE GEO	RGES COUNTY MD.
CLINTON	SOUTHERN MA	RYLAND HOSPITAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKINGEN. Contracto	
USUAL RESIDENCE (IF NURSING HOME 130. STATE Laryland Princ	or other institution give residence unity is George's Ft. W	TOWN ashingtonyes \( \text{NSIDE} \) OITY LIMITS	9501 Livings	20744 on Rd.
FATHER'S NAME FIRST Richard H	MIDDLE LAS		$\mathbf{n}$ e $\mathbf{C}_{\bullet}^{MIDDLE}$	Massey
(YES NO OR UNKNOWN) (IF YES WWI	CIVE WAR OR DATES	8-5051 Ruth P.E. C	9501 Tiving Cady Ft. Washin	ston Rd. gton, Md.
18 CAUSE OF DEATH (Enter PART 1, DEATH WAS CAU	only ane couse per line far (a), (I SED BY:	Dog a +		BETWEEN CHIEF AND BEATH
IMMEDI	IATE CAUSE (a)	all These		Minutes
	DUE TO, OR AS A CONS	SEQUENCY OF D. 0 1	- 0 to	0
Conditions, if ony, which gave rise to immediate	100 /1000	111 Johnson +	MARCHIN	Horp
cause (o), stoting the underlying cause last	DUE TO, OR AS ACOM	SQUENCE OF LOUT	A Deson .	4000
DARLO OTHER CIONES AND	III JAAVAG	scyrace /fan	graceax	/ocersa
PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OF CONDITION	GIVEN IN PARITION
Mar DATE OF OPERATION	195 CONDITION FOR W	HICH OPERATION WAS PERFORMED	78s. AUTOPSV? 120C II	YES, WERE FINDINGS USED
DE				RTIFYING CAUSES OF DEATH?
TO THE TOP THE	216. TIME OF INJURY	21¢ HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	
		H DAY YEAR	Comment (Edition de Dispose la lieure	TO TAKE TO STEAL E
OR CONTRIBUTING CAUSE OF I	P.M.	19 21f. LOCATION		
White NO WHITE	(AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK		4/1/	m - 1/2	Co s-
saw the deceased alive	pridit attended the deceased f		ion death accurred an the date and	hour and from the source stated
above, (I) (we) (did) (did) 27h SIGNATURE	not view the body after death.	DEGREE	and death decorred air the date and	
MI SIGNATURE		ATTENDIN	G & MEDICAL _ STAFF	22c. DATE SIGNED
22d. PFIYSURIAN'S NAME TO		PHYSICIAN 22e ADDRESS	V PHYSICIAN	4//3/00
Dr. Louis	Kaufman		dyard Rd. Clin	ton MD 20735
23a BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
Burial	4/16/85	Cedar Hill Cemetery	Suitland	P.G. Maryland
24 FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 256. REG	
George P. Kalas			R 1 7 1085	andson-Randalla
		11444 1144		an I aldone . A fine and

DHMH - 16 60M 7/84 (VRA 15, 4)

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Asysta - In that each relief in the coregrated the terms of agreement section in the section of 7. The state of th Sell livingson de. Solfons .V. he feld gest on file o but . E EFLE THE 

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Lang	ston Hugh	CALI	WELL	April 11,198	35	11:10P
3. SEX	4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male	Black		10, 1915	69 YRS		noons min.
70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH	
Colorado	U.S.A.	WIDOWE		Prince George	County	M
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OF
LANHAM	DOCTORS HOS	PITAL of	P.G. Co.	Dir Physical Pl		ital
	E OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 13c. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		MAR
Pennsylvania	Philade	lphia	YES NO	262 Joseph's W	av //	777
14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		LAS	
Wilbur Caldwell			Inez Golson	Mode	LA:	, ,
	CIVE WAR OR DATES	SECURITY NO.	17 INFORMANT BOW	e. Marylands 207	16	
Yes NO OR UNKNOWN) (IF YES	521-12	2-0662	June C. Turne	e, Marylânds207 er,sister,1501 P	ernell C	ourt,
18 CAUSE OF DEATH (Enter	only one couse per line (pup), (b	or, and (c)	1	_ /	BETWEEN	MATE INTERVAL

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	one couse per line pol, (b), ond (c), 8%; CAUSE (a) RESPIRATORY Fail	APPROXIMATE INTERVI
IMMEDIAT		
	DUE TO, OR AS ACONSEQUENCE OF OST-ve five Po	Imonon D
Conditions, if ony, which gove rise to immediate		1 3.7
couse (a), stating the underlying cause last.	DUE TO, OR AS CONSEQUENCE OF NEUMONIO.	- 1
onderlying coose lost.	the the order to.	

DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR			NO []
Id INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

27x L certify that (h) this haspitally attended the deceased from our opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

22e. ADDRESS

Washington, 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation

Apr.15, 1985 J.Wm'.Lee's Sons 7400 Georgia Ave. NW cGuire Funeral Service, Inc. Washington, DC

25a. DATE REC'D. BY

DHMH - 16 60M 7/84

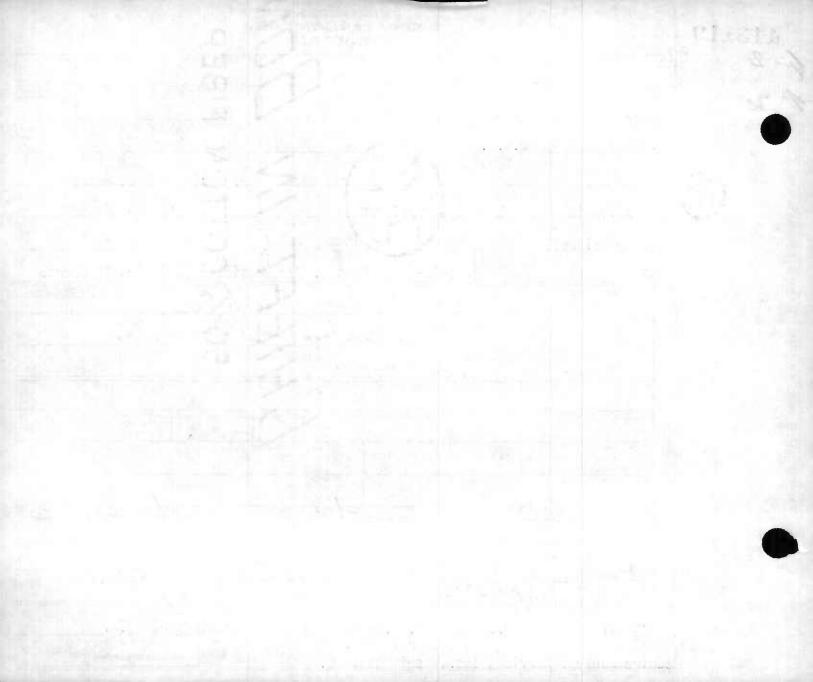
TO FUNERAL DIRECTOR:

CERTIFICATIO

MEDICAL

DIVISION OF VITAL RECORDS, 201 W.

(VRA 15, 4)



- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

2b. HOUR

In DATE OF DEATH MONTH April 22, 1985

LTYPE OF WORK FOR MOST OF WORKING LIFE

13e STREET ADDRESS / ZIP CODE

5106 Pierce St

ADDRESS

Same as #

Farmer

Jane

70a AUTOPSY?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

NO

CITY OR TOWN

& AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

INDUSTRY

Covington

6:35pm IF UNDER 24 HRS

5 DATE OF BIRTH

LAST

October 10.

1 13d. INSIDE CITY LIMITS?

Mary

17 INFORMANT

211 LOCATION

77e ADDRESS

DEGREE

YES TX

1910

MARRIED MEVER MARRIED

17g. USUAL OCCUPATION

DIVORCED [

Jessie Mae Campbell

NOF 15 MOTHER'S MAIDEN NAME

9 BALTIMORE CITY OR COUNTY OF DEATH Prince George's

Farming

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

YES []

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

and that in (my) 300) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

4404 Queensbury Rd., Riverdale, Md. 20737

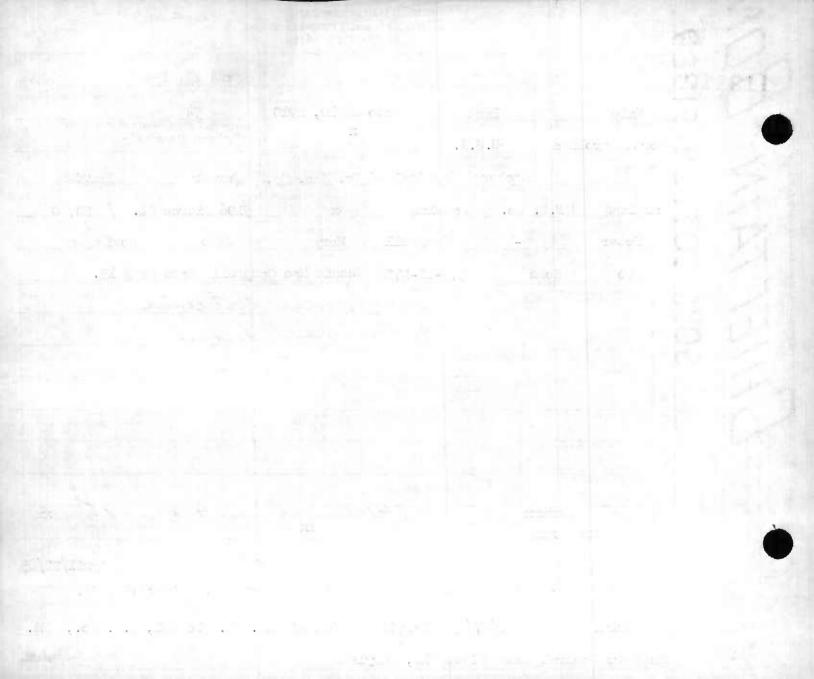
250 DAJE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Chambers Funeral Home Riverdale, Maryland

(VRA 15, 4)

DHMH - 16 60M 7/B4



FOR

STATE

REGISTRAR

WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lo 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2] COUNTY STATE and that in (my) (aur) apinion death accurred on the date and have and from the causes stated METROPOLITAN ALEXANDRIA 4/26/85 CREMATION 24 FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE FRANCIS J. COLLINGRESS DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

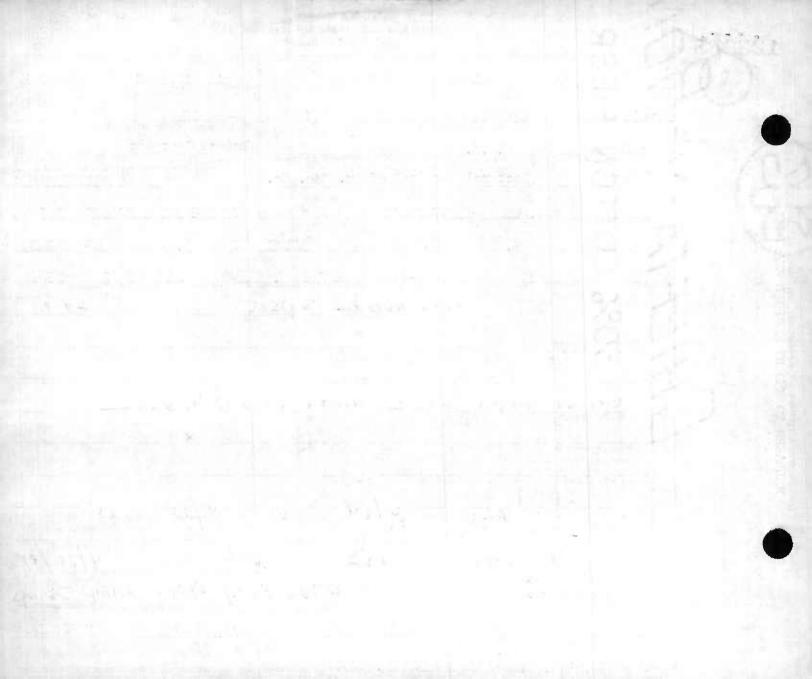
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7h HOUR

CORNELIUS

2:35 Am



- STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH 26 HOUR L DECEASED NAME TYPE OR PRINTS CORINNE BEATRICE CASH APRIL 22 1985 9:15A N IF UNDER 1 YEAR 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE Black Female 1900 Oct. 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's D.C. WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS Housewife Doctors Hospital of Pr. Geo. At Home Lanham USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 8611 Glen Arden Pkwy. 13d INSIDE CITY LIMITS? P.G. Glen Arden Md. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Hall Unknown Fred 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT HEYES GIVE WAR OR DATES) 217-09-5882 Rogers Cash-Same as # 13 above No 18 CAUSE OF DEATH (Enter only one couse per lipe to (o), (b), and PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause last.

HOUR AM. MONTH DAY YEAR

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

WHILE NOT WHILE 220.1 certify that (1) this hasp to be mended the deceased

71n. ACCIDENT WAS UNDERLYING

214 INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

> 21¢ PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC.)

216. TIME OF INJURY

P.M

DEGREE

211 LOCATION

CITY OF TOWN

STATE

22e ADDRESS

ATTENDING MEDICAL PHYSICIANXX DIRECTOR PHYSICIAN 224 DATE SIGNED

6910 Columbia Park Rd., Landover, Md. 20785 Ronald P. Hairston . M.D. 23c NAME OF CEMETERY OR CREMATORY REMATION, REMOVAL

24 FUNERAL DIRECTOR

(VRA 15, 4)

DHMH - 16 60M 7/84

H.S. WASHINGTON + SONS 4925 BURROUGHS AVE. N.E

and that In(my) our) opinion death occurred on the date and have and from the causes stated

HARMONY MEH. PURK HIGHLAND PARK P.G. MD.

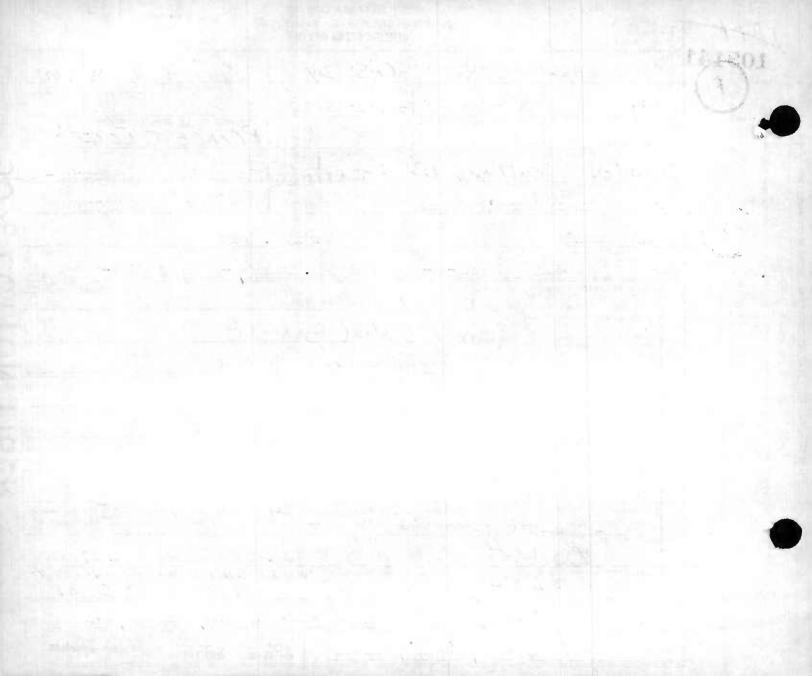
was and the state of the state

The late

be T

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217-09-5-32 Rovers Cash-Same as a 13 above



46  1	FOR			STATI DEPARTMENT OF H	E OF MARY		HYGIENE	2 2			
-XO	- STATE REGISTRAR		ME	DICAL EXAMINE	R'S CERT	TIFICATE (	OF DEATH	REG. N	10		
	DECEASED NA			WIDDLE	LAST		2a. D	ATE KNOWN	MONTH	DAY YEAR	76 HOU
	TYPE OR PRINT)				Chase		DE	OF ESTI-	Q. 4	5 19 85	
1.5	SEX	illiam I4. RACE	S. DATE OF BIRTH	6 AGE (IN YEAR				DATE	MONTH	DAY YEAR	2d HOU
1	Male	Black	MONTH DAY	YEAR LAST BIRTHDAY	MONTHS D	AYS HOURS	MIN PROP	NOUNCED DEAD	Λ	5 05	
-2	BUTHPLACE	I STATE OR	Sept. 1	4,1964 20 YRS			9.84	LTIMORE CITY	OR COUNTY	5 1985	9:41 PM
ŗ	FILE GN COUNT	(Y)			_	NEVER MAR	RIED X	ETIMORE CITY	OK COOK	OFDEATH	Livi
1	6 10 AD 7014	Md.	U.S.A		WIDOWED [		CED L	Prince	George	Th KIND OF BU	M
7	CITY OR TOW	N OF DEATH		SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)	OR OTHER IN	ISTITUTION	FOR MOST C	E WORKING LIFE)	YPE OF WORK		RY
	Chev	erly	Prince	George Gener	al Hos	nital	Unemp	loyed		None	
130	STATE	113b. CC	VINTY	LI34 CUTY OR TOWN	134.1	NSIDE CITY LIMITS?	13e STREET A	DDRESS	1	078	5
	Md	•	P.G.	Palmer Pa:	rk YES	S NO	2308	Matthe	w Hen	son Av	e.
Ä,	FATHER'S NA	ME	WIDDLE		15 A	AOTHER'S MAID	DEN NAME				
١	Rudol	ph	WIDDLE	Chase	As	mes		MIDDLE	Jon	es LAST	
160	WAS DECEA	SED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY		NFORMANT		ADDRES	SS		
	YES, NO, OR UNI	(NOWN)   IF YES.	GIVE WAR OR DATES)	Unknown	A	mes C	hase-S	ame as	# 13	above	
-		OF DEATH (Sate	r only one couse per lin		1	0				APPROXIMAT	FINTERVAL
	PARTI	DEATH WAS CAL	JSED BY:	e for (a), (b), and (c).)						BETWEEN ONSE	T AND DEAT
н		IMME		b wound of c							
П				R AS A CONSEQUENCE OF							
		tions, if any, wh									
ı	cause	(a) stating the uni		R AS A CONSEQUENCE OF							
	lying	cause last.	(a)								
	PART 2 OTHE	R SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEAT	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CO	NOITION GIVEN IN P	ART I in				
3							ant I w		-12/-		
1	19a. DATE	OF OPERATION	TIPE COND	ITION FOR WHICH OPERA	TION WAS PE	REORMED?				20 AUTOPSY	2
012	19a. DATE										
i i	21a 6 Y 7 5 5	NAL CAUSE WAS	216. TIME C	SE INTUINA	Tar moves	Intervence				YES	NO 🗌
1	UNDERLY	garage .		M. MONTH DAY YEAR	ZIC HOW IN	NJURY OCCURR	ED LENTER NATURE	OF INJURY IN ITEM I	8 PART 1 OR PART	2)	
3	CONTRIBI	JTING CAUSE			sub i	ect sta	bhed				
6	AI I	Y OCCURRED	21e PLACE	OF INJURY (AT HOME.	21f LOCATIO	NC					- 7.7
2	WHILE AT WORK	NOT WHILE	XX F	CTORY, FARM, ETC.)		Plaza.	CITY	ORTOWN	nce Geo	0 0	MD STATE
	AT WORK	AT WORK							100 000	, ,	-ID
	220 I c	ertify that I took cl	norge of the remains de	scribed obave, held an	Autopsy X	X, Inspecti	an 🔲 , 🛮 Inc	quiry	and in my opii	nion	
	death res	ulted from:	oturol causes	Accident, Suici	de 🔲 ,	Homicide XX	Undetermin	ed monner	,		
		0.0	· - A	101 0.		ITLE (SPECIFY)					
	ACTUAL	· WC	Warle W	e Thill					DATE	110100	
L	SIGNATU	CE	MA SW		M.D	ASSISTA	nt MEDICAL	EXAMINER	SIGNED	4/6/85	
1	EXAMINE	S'S NAME				=	_				
L	(TYPE OR I	RINT)	Margarita				enn Str		timore	MD 2	1201
230	BURIAL CRE	NATION, REMOVA	AL 236 DATE	23c. NAME OF CEME	1	0	23d. LOCATI	ON	COUNT	Y / 5	TATE
			4/12/8:	HARMONY	1 MEM	1. PARK	LAND	OVER,	P. G.,	N/D.	
	FUNERAL DI					25a. DATE	REC'D. BY REG	ISTRAR 256 REC	GISTRAR'S SK	GNATURE	
1	4.S. 14	INSHINE	TOM & STULL	4925 BURROW	Girs Alum	4/=					
		-, -,	, ,,,,,,	, , , , , , , , , , , , , , , , , , , ,	-, -, -,	y and have	4			4 40	

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

2

1	FOR STATE REGISTRAR			HEALTH AND MENTAL TYGI FICATE OF DEATH	REG. NO.	6.10	
	CEASED NAME FIRST	A	CH	EW	20. DATE OF DEATH MON	TH DAY YEAR 1	26 HOUR ?!!! (P. 127)
3 SE	х	4 RACE	S. DATE (	OF BIRTH	& AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS
	ale	Cauc.	4	26 08	76	YRS	A III.
70 B	RITHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH	IAT COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	-10
-	ITY OR TOWN OF DEATH	USA	WIDOW		IKINCE	6 CORGC	MD.
C	LINTON	20 MTK	SPITAL, NURSING HOME ( ACILITY, GIVE STREET ADDRESS)	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Retired	ORKING LIFE) INDUSTRY	business or contract
130 Ma		UNTY 13	e residence before admission; c. CITY OR TOWN emple Hills	YES 🚺 NO 🗌	13. STREET ADDRESS / ZII	n Ave. 2074	8
)4. F	ATHER'S NAME Claud	L.	Chew	15 MOTHER'S MAIDEN NAM	A.	Cart:	in
	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	0.200	
	no		577-10-1512	Katherine L.	Chew same a		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per lu SED BY: IATE CAUSE (a)	ofor 101, (b), and ice	umany Arre	St ASTIMI	APPROXIM. BETWEEN ON	ATE INTERVAL USET AND DEATH
	Conditions, if any, which	DUE TO, OR A	SA CONSEQUENCE OF	ear Tacky	Couclis		
	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR A	S PUNSEQUENCE OF	appendix			
TION				NOT RELATED TO THE TERMI			
CERTIFICATION	4-13-85	app	en for which operation	Chilocyphhi	YES NO NO	b. IF YES, WERE FINDING CERTIFYING CAUSES O YES [	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M.	NJURY MONTH DAY YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did	on 4-1	1985	nd that in (my) (aur) apinion d	eoth accurred an the date of		ot (I) (we) lost
	226 SIGNATURE	A:mar	-6	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SI	
	ARUL HASA		u sari	270 ADDRESS 892	6 woodya	1912 d #1	10)
23a	BURIAL, CREMATION, REMOVA	1236 PATE 4/22/85		EMETERY OR CREMATORY ill Cametery	23d location Suitland	Ping	Md.
	P. Kalas 6160	Oxon Hill	Rd. Oxon Hi	11, Md. 250. DATE APP	REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATU	ndell.

way and the control of male willed at the control of the control o · While 77-1-1512 Catherine L. Class sons continue 13 TO ME TO SEE THE STATE OF THE STATE OF THE SECOND STATE OF THE SEC a within the contract of the bad within 

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STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

м		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO		
		CEASED NAME FIRST		AIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	[117]	OR PRINT)	GOLDIE	JANE	CHUM	BRIS	APRIL	22	1985	9:50A M
	3 SE)	(	4 RACE		5. DATE O		6 AGE LIN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Cauca	sian	Jul	y 2, 1922 TAR	62	YRS		
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY			
_		aryland	US.		WIDOWI				orge's	MD.
3	La	ty or town of death anham	Doctors	Hospita	al of	Pr. Geo. Co.	120 USUAL OCCUP (TYPE OF WORK FOR MOS Hostess	T OF WORKING		of BUSINESS OR
	130. S	AL RESIDENCE (IF NURSING HOME C TATE 13b. COU ryland Frinc		13c STY OR TOW		13d Inside City Limits? YES MO [	13e STREET ADDRES 12702 Bee			20715
1	14 F.A	THER'S NAME FIRST  Russell	WIDDLE	Shaffer		15 MOTHER'S MAIDEN NA FIRST Carrie	Jan		Mille	<b>S</b> T
		AS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU		17 INFORMANT		RESS		
		no		220-12-8	3085	Andrew S. Ch	umbris	same	e as 13e	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per	line lar (a), (b), and	d result	150	- 1	+	BETWEEN	IMATE INTERVAL ONSET AND DEATH
			TE CAUSE (a)	acirta	my	carrial	unfarc	ho	2	
			DUE TO, OF	AS A CONSEQUE	NCE OF	- A 1	1	7		
		Canditions, if any, which	(b)	COYO	nar	my aller	my ley	10a	10	
		gove rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUE	NCE OF	0				
		underlying cause last	(6)	AS A CONSEGNE	1465 01					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	) NOITION (	GIVEN IN PART I	a
7	ON O	A	yper	tens	10					
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FINDI	
2	E						YES NO		YES [	NO []
		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DE	21b. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM	18 PART   OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIN		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE C	OF INJURY	ARM FIC )	211 LOCATION STREET	CITY OR	town	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK		The state of the s						
		220 I certify that (I) (this has	1 1 1 -	deceying from_	41:	22 85	, ta	22	1985	that (1) (we) last
		saw the deceased alive a above, (1) (we) (did) (did n	nat) view the body	often death/	, a	nd that in (my) (our) opinion	death accurred an the	date and h	nour and Irom the	couses stated
		226 SIGNATURE	0-11	- 1/	A	DEGREE			22c. DATE	SIGNED 4
		K. L	ZXII	eer	1	ATTENDING PHYSICIAN	MEDICAL ST	SICIAN	14/	22/85
,		22d. PHYSICIAN'S NAME (TYPE	OR PRIME	1		22e ADDRESS	att	- 1	8	io M
		Riad Dakhe	el, M.D.			19 300 Gall	Too		7.002	87/8
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION		_t*OUNTV	STATE
		Burial /	April	25 1985 (	Cedar	Hill Cemeter		d, Mar	ryland	STATE
	24 FL	INERAL DIRECTOR	gel,	16000 Ar	mapo	Lis Rd. 250. DAT	TE REC'D. BY REGISTRA	AR 256 REG	ISTRAR'S SIGNAT	YREAR
	Be	all Funeral Ho	me	Bowie,	Mary	land APR	23 1985			

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SIMIL OF INMITTALIAN PAGE 187
EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

į	- STATE REGISTRAR	DEPARIA	CERTIFICATE OF DEATH	REG NO	
	1. DECEASED NAME FIRST (TYPE OR PRINT) George	MIDDLE S.	Clark	April 18, 1985	2b HOUR 5:00P M
	3 SEX Male	4. RACE Caucasian	5. DATE OF BIRTH MONTH DAY YEAR February 1, 1922	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DATS HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	76 CITIZEN OF WHAT COUNTRY? U.S.A.		Prince George	MD.
)	West Lanham	7809 Cross Stre		120 USUAL OCCUPATION (Type of Work for Most of Working Life Painter	126 KIND OF BUSINESS OR LINDUSTRY Contracting Co
)	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU Maryland P.			130 STREET ADDRESS / ZIP CODE 7809 Cross Street	et 20706
)	14 FATHER'S NAME FIRST William Arthur	Clark Clark	Bessie I	AME	nown) LAST
,	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES GO UNKNOWN)	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 477 34 6		ark same as 13 e	2
	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), on ED BY: .TE CAUSE (a)	vantes		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if one, which	DUE TO, OR AS A CONSEON	ENCE OF COLUMN ) BY	reformanus	

	PART I. DE ATH WAS CAUSED	y one couse per line for (o), (b), ond (c) D BY: E CAUSE (o)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	Juforno B	nus
NOI	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to death</u> but not related to the ter	rminal disease or con	IDITION GIVEN IN PART 110
TIFICAT	190 DATE OF OPERATION	196, CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 21c. HOW INJURY OCCU	PRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART   ORPART 2)

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	
			YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART OR PART 2	')
21d. INJURY OCCURRED  WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN COUNTY	STATE
72s I certify that (I) this hospitals	unlanded the deceased from 19	nd that in (my) (our) ppinion	to death accurred on the	dote and hour and from the	he couses stated

IGNA/ORE ( )	DEGREE	
HYSICIS AND THE STATE OF THE ST	ATTENDING PHYSICIAN DI	EDICAL STAFF RECTOR PHYSICIAN
HYSICIAN SAMBARE THE COMMON	224 ADDDESS	

7801 Old Branch Ave. #410 Clinton, Md.

23d. LOCATION

23a BURIAL, CREMATION, REMOVAL	236 DATE	230 NAME OF CEMETERY OF	RCREMATORY
Burial	4-22-85	Fort Lincoln	Cemetery
Trancis Gasch's So	ons Funeral	Home P.A.	25a. (4) C

4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)

David J. Haidak

Brentwood.		Marylan	ď
CO PY DE FROM D 1Ch	DECLISTON	DIC CICKLATIIDE	

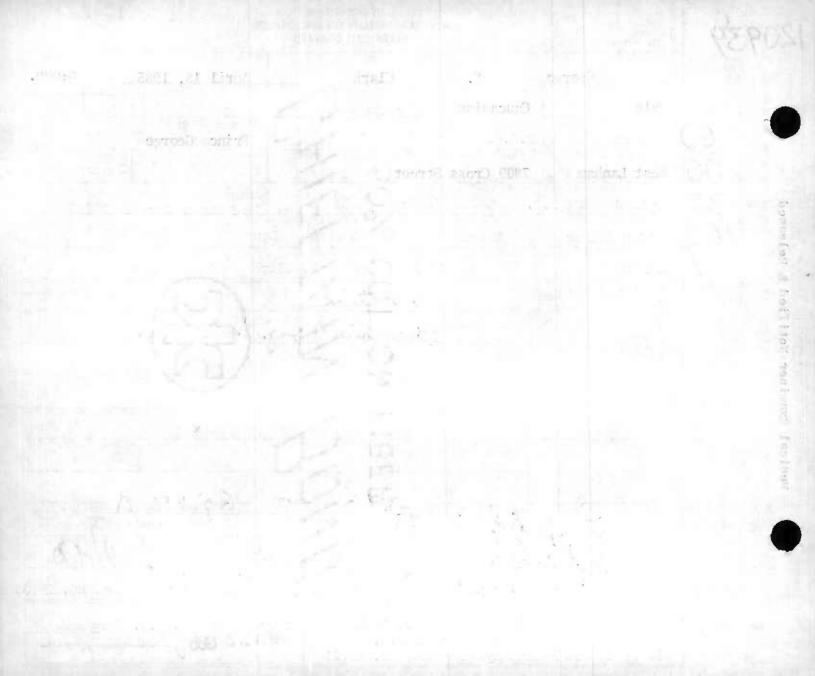
Noti Medical

DIVISION OF VITAL RECORDS, 201 W.

PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4

should be detached with the State Dept IMPORTANT: If he MEDICAL

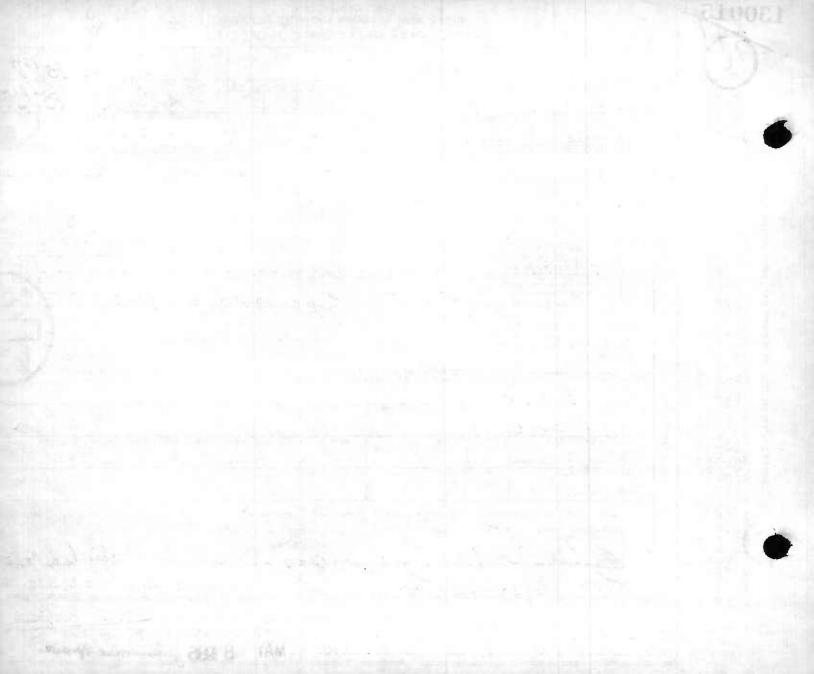


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 105133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN ANNTH 76 HOUR (TYPE OR PRINT) OF ESTI-4 RACE & AGE (IN YEARS IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE 54 To BIRTHPLACE (STATE OR BAHNMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington DC USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Clinton Safeway Manager SLIAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE 1136. COUNTY INSIDE CITY LIMITS? 13e STREET ADDRESS Forestville Maryland George 3608 Melrose Ave YES [ 20747 NO 🗌 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Edward Clark Ellen Margaret Long 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) 218 24 3278 Yes Barbara A Clark Same as 18 CAUSE OF DEATH (Enter only one cause per in for (a) (b), and (c).) BETWEEN DIVISET AND DEATH relustic Carolistas PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21# PLACE OF INJURY (AT HOME, 21f. LOCATION 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK AGE 4 SHOULD CONTROL OF EUNERAL DIRECTOR: PARTER DEATH, WITH THE STALLINGORE, MARYLAND, SALLINGORE, MARYLAND, 22e I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes Homicide Undetermined monner DATE 4 - 3-85 SIGNED 4 TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 5009 Rayburn Ct., Temple Hills, Md eusto P. Rodrigue (TYPE OR PRINT) 23e.BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE 5Apr1985 Resurrection Cemetery Burial 07/84 Clinton Md 24 FUNERAL DIRECTOR ADDRESS Suitland, Md. DHMH - 17 Gula Davidson (VR A15 ME (5)) Robert E Wilhelm Funeral Home

STATE OF MARYLAND

130015	1,	FOR	D	EPARTMENT OF HEA	TH AND MENTAL H	GIENE   2 2	1 6
1	1-	STATE REGISTRAR		ICAL EXAMINER			
-(10)				WIODLE	LAST	20 DATE KNOWN	ONTH DAY YEAR TO HOUR
Was Aro.	01	Henry	L	ewis	Clay	DEATH MATED	12/10/2 /24
KOH5	1. SE	X I RACE	5 DATE OF BIRTH	6. AGE (IN YEARS   II			DNTH DAY YEAR 20 HOUR
X 22 X		Male White	03 22	1913 72 (RS.	ONTHS DAYS HOURS	MIN PRONOUNCED DEAD DEAD	26 1087 24
A SEA			Th CITIZEN OF WHA	AT COUNTRY?	ABBIED TO NIEVED MADDIE		
SAS ES			U.S.A.			Prince Geor	AAD
おおおはない。			11 NAME OF HOSP			12 USUAL OCCUPATION (TYPE OF V	VORK 121 KIND OF BUSINESS
PAR PAR	S	Riverdale	Leland M	lemorial Hospi	tal .	- 4 OKWOSTOP WORKING [IFE]	Yellow Cab Co
S S S S S S S S S S S S S S S S S S S	USU	AT RESIDENCE (IF IN NURSING HOM	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	h		
S ANEGOS	N	laryland P.G	•	Hyattsville	YES- NO []	3910 Nicholson	Street 20782
A 2000	14. F				IS MOTHER'S MAIDER	NAME	
# 38222.4	4	Howard	F.	Clay		MIDDLE	Hvse11
MAC NO PAGE	160.	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECURITY NO.	17. INFORMANT	399905Ni	
A PAGE		TT A		235-05-5014	Harold Cla		
MAT WITH		18. CAUSE OF DEATH (Enter of	inly one cause per line f			1 , 1	APPROXIMATE INTERVAL
A ESPA				1 cuto	Myocd	Ndiel DI	Ž.
STATE OF STA				S A CONSEQUENCE OF			
PEN AND AND AND AND AND AND AND AND AND AN	1						
W WENT W		cause (a) stoting the unde		S A CONSEQUENCE OF			
S PASSES	1	Tyling coose lost.	(c)				
MAN SERVE		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO GEATH BU	IT NOT RELATED TO THE TERMINAL OF	SEASE OR CONDITION GIVEN IN PART	Tio	
AASBER 6	o N	N/	ne				
A PER PROPERTY	3	190. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
# XXXXXXXX	48	1000	re				YES NO NO
PANETANO T					HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
S TECHNO	3	CONTRIBUTING CAUSE O		19			
PER SE	ME ME	WHILE DOT WHILE	STREET, FACTO	FINJURY (AT HOME, 211 RY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
MAR WAR MAR MAR MAR MAR MAR MAR MAR MAR MAR M		AT WORK AT WORK					
A A A A A A A A A A A A A A A A A A A		220 I certify that I took cha	rge of the remains descr	ribed above, held on Au	topsy . Inspection	Inquiry . and in	my opinion
THE PER PARTY		death resulted from: Nat	urol causes	Accident , Suicide	, Homicide .	Undetermined monner .	
AND SERVICE AND SE	1	WTUN //	201	,	TITLE (SPECIFY)		1.1
3283E# -	-	SIGNATURE	10	(a gey	M.D. Dep	MEDICAL EXAMINER	ANDV1126, 19 FT
NO PERSON	4	EXAMINED NAME TO	ha C Poccas	W D	101	O Cominary Pd C	ilver Spring M
A PAGE		(11) A STATE OF THE STATE OF TH			ADDRESS		Tiver oping, in
FUCEER	Henry  Lewis  Clay  DEATH MARED  DEATH MARED	.G. Maryland					
07/84 BP	2479		4/29/85				
DHMH - 17	1.	730 Rolltimore	ADDRESS UNCLEASE TO THE PROPERTY OF THE PROPER	teville MA			
(VR A15 ME (5))	4	1 J Dartimore P	venue nyati	ravitie, M.	MAI MAI	O HOD Junearies	racon-Marketer

OF ....



	STATE OF MARYLAN
FOR	DEPARTMENT OF HEALTH AND M
- STATE	CERTIFICATE OF DE

ND IENTAL HYGIENE CERTIFICATE OF DEATH

144	I. DEC	CEASED NAME OLI	VER C.	CLINTON	REG. NO.	+ 04 85	26 HOUR 00 A
1	3. SE)	(	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YEAR	IF UNDER 24 HE
$A \lambda$		Male	Black	Nov. 9, 1912	72	YRS	
10/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIEX NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
10		Carolina	USA	WIDOWED DIVORCED	PRINCE GEOS	RGES COUNTY	
notified	10. CI	CHEVERLY		IS AGENERAL HOSPITAL	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W  Retired -	VORKING LIFE) INDUSTRY	
36	13a S	AL RESIDENCE I IF NURSING HOME OF TATE 136 COL		FORE ADMISSION) OWN 13d INSIDE CITY LIMITS? Hgts. YES \( \text{VES} \) NO \( \text{VES} \)	13e STREET ADDRESS / Z	/	2074
100	14. FA	THER'S NAME FIRST Coyt Clinton	MIDDLE LAST	15. MOTHER'S MAIDENNA	Witherspo		ST
medicol	16a V	AS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	ECURITY NO. 17 INFORMANT 4II Quarr 12 7228Clauges Cl	y Place-Ca	pitol Hei	ghts,
maval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b)	and Ich		APPRO: BETWEEN	XIMAYE INTERVAL I ONSET AND DEA
ase remave carbo I, cremotian, ar re ather traumotic e		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUELICE OF	TRUCTION		
Then ple ta burio injury, or	NO			TO DEATH BUT NOT RELATED TO THE TER/			10
ows any	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES [	
ial-tronsi		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN			RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART I OR PART 2)	
h ond Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	CE, FARM, ETC.)  21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
of Health		sow the deceased alive of	in 4, 3, 1	m 3.5., 19 2- 9 25, and that in (my) (our) opinion	death occurred on the date	19 8 5	that (I) (we) I couses stated
detached ofe Dept. IT: If Item		226. SIGNATURE	Sings	DEGREE  M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DPHYSICIA		.85
should be det with the Stote IMPORTANT:		22d PHYSICIAN'S NAME (TYPE	ORPRINT)  INGH	22e ADDRESS 563 BLADEN	2 AMMAPOL SBURG MI	15 RD # D 20710	¥ 9
5 3 <u>8</u>	23a. E	Burial  Burial	A	NAME OF CEMETERY OR CREMATORY  85 Fort Lincoln	23d. LOCATION CITY OF TOWN CEMETEY	Brentwoo	
60M 7/84	24 FU	Stewart/Fun	eral Home-400	1 Benning Road, N	TE REC'D. BY REGISTRARIZE	BEGISTRAR'S SIGNA	ILIBEN-Um

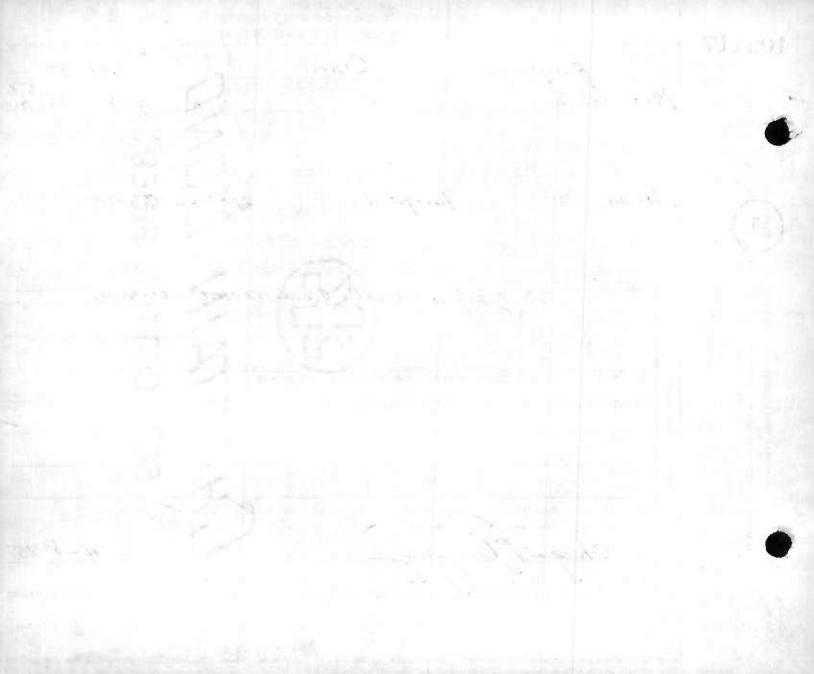
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1. 77 386 . will recon for so character and the state of t or ill the taries of the state of the stat .bi ffi ber 2 cme 2 cm ill, No. 1 egrape BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,



1			ST	ATE OF MARY	/LAND		3 13 13	173
FOR STATI	F				-		in the line	V
REGIS	STRAR	ME		NER'S CERT	IFICATE O	F DEATH ,	REG. NO.	
	LD IN AUNE	Α	WIDDLE	LAST		20 DATE KNO	WN D MONTH	DAY YEAR 26 HOUR
	Den	amin			n	DEATH MA	TED 4	-8 1985 M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN				MONTH	DAY YEAR 24 HOUR
Mal	a While	May 10.	1909 75	YRS.	THE ONE	DOT	4-8	1985 AM
Aa. BIRTHPI	LACE (STATE OR COUNTRY)	76. CTIZEN OF W	HAT COUNTRY?	8 MARRIED X	NEVER MARRIE	ED L	_	
1/								
		11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTHER INS	STITUTION			126 KIND OF BUSINESS OR INDUSTRY
					pital	Electricia	n (Ret.)	Construction
UAL RES					NSIDE CITY LIMITS?	13e. STREET ADDRESS		94499
1107	ida Brov	ard				2/02 60,	mbridg	e-E (33441)
		WIDDLE	LAST	15. M	OTHER'S MAIDE	N NAME MIDDLE		LAST
			COHEN			known	1	
								20715
NO			102-05-5	899  She	eila Ber	am;12606 Sa	fety Tur	n;Bowie,Md.
18 0	CAUSE OF DEATH (Enter a	nly one cause per line	far (a), (b), and (c).)	* .			1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAU	leuxpell		ander	aseulov	uses.	4
		EXECUTE 0400	AS A CONSEQUENC	E OF				
		DUE TO, OR	AS A CONSEQUENC	E OF				
		(c)				1.74		
	2 DINER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	OUT NOT RELATED TO THE TE	RMINAL DISEASE DR CD	NOITION GIVEN IN PAR	T 1 to.	-(-)	
ō _								
J 19a.	DATE OF OPERATION	196. CONDI	TION FOR WHICH OP	ERATION WAS PE	RFORMED?	*		20 AUTOPSY?
								YES NO
21a.				AR 21c HOW IN	JURY OCCURRE	ENTER NATURE OF INJURY II	TEM 18 PART 1 OR PAI	RT 2)
Y CON	NTRIBUTING CAUSE OF							
A SIN	HE '- NOTHER	STREET FAC		21f. LOCATIO	N	CITY OR TOWN	COL	UNTY STATE
1	12a I certify that I took char	ge of the remains de	cribed abave, held on	Autopsy	], Inspection	Inquiry	and in my op	ninion
dec	oth resulted from Nati	oral couses	Accident	Suicide ,	Homicide .			
	2	- XV		TI	TLE (SPECIFY)			000
ACT SIGN	UAL NATURE	say. The	lugua	M.D	Deputy	MEDICAL EXAMINE	DATE SIGNE	4-8-85
	(//	to D Dodni	( M M		5000 Ray			
(TYP	E OR PRINT)	to r. Rouri	, Holle	ADDR		, baili oce, ran	rac array,	
23a. BURIAL	CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOCATION	COUN	NTY STATE
		4/9/85				Huntington	Station	, New York
24. FUNER	AL DIRECTOR DANZA	NSKY-GOLD	BERG MEMOR	IAL CHPLS	250. DATE R	EC'D. BY REGISTRAR 2	Sh REGISTRAR'S S	IGNATURE
1170	Rockville P	ike; Rock	ville, Md.	20852	APR 15	1988 4.1:	Killy 30	milett.
	TALLES  TO CITY OF CHEVE  JO. BIRTHP FOREIGN  RUSS  TO CITY OF CHEVE  UAL RES  TO CITY OF CHEVE  TO CHEVE  UAL RES  TO CITY OF CHEVE  TO CHEVE	TO ECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  A. BIRTHPLACE (STATE OR DOREICN COUNTRY)  RUSSIA  70. CITY OR TOWN OF DEATH  Cheverly  Unk 136 COUNTRY  RYS NAME FIRST  100. WAS DECEASED EVER IN U.S. AR (YES NO. OR UNKNOWN)  101. FATHER'S NAME FIRST  101. CONTRIBUTION  102. CONTRIBUTION  103. DATE OF OPERATION  104. CONTRIBUTION  105. COUNTRIBUTION  106. WAS DECEASED EVER IN U.S. AR (YES NO. OR UNKNOWN)  106. WAS DECEASED EVER IN U.S. AR (YES NO. OR UNKNOWN)  107. FATHER'S NAME FIRST  108. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (o) stoting the under lying couse last.  PART 2 DINER SIGNIFICANT (DNDITION)  107. DATE OF OPERATION  108. CAUSE OF OPERATION  109. DATE OF OPERATION  109. DATE OF OPERATION  109. DATE OF OPERATION  109. CONTRIBUTING OR CONTRIBUTION  270. I certify that I took char deoth resulted from Natu ACTUAL SIGNATURE  EXAMINER'S NAME AUGUS  124. FUNERAL DIRECTOR DANZA  124. FUNERAL DIRECTOR DANZA  124. FUNERAL DIRECTOR DANZA	THE REGISTRAR  I DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  May 10  May 1	DEPARTMENT OF MEDICAL EXAMI  I. DECEASED NAME (TYPE OR PRINT)  3. SEX 4. RACE	DEPARTMENT OF HEALTH AN MEDICAL EXAMINER'S CERT REGISTRAR  I DECEASED NAME (TYPE OR PRINT)  3. SEX  ARACE  3. DATE OF BIRTH MONTH DAY 1908  7. CHIZEN OF WHAT COUNTRY? MONTHS DAY 1908  7. CHIZEN OF WHAT COUNTRY? MONTHS DAY MONTHS DA	DECEASED NAME	DEPARTMENT OF HEALTH AND MENTAL MAGNETS  STATE  DECEASED NAME  (TYPE OF PRINT)  DOI:  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  (TYPE OF PRINT)  DOI:  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  (TYPE OF PRINT)  DOI:  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  (TYPE OF PRINT)  DOI:  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  (TYPE OF PRINT)  DOI:  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  (TYPE OF PRINT)  DOI:  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  (TYPE OF PRINT)  MANY 10, 1901  MANY 10, 1902  MANY 10, 1903  MANY 10, 1908  MANY 10, 19	DEPARTMENT OF HEALTH AND MENDAL MAGIENE  RECISIORAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  DEPERATED HAME  LITEROFIED HAME  LITER



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

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100	2	Em	2	

RE	GISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
1. DECEA	SED NAME	JUL]		M.		AST DLBERT	20 DATE OF DEATH	03-2°	7-85	26. HOUR 12:40A
3 SEX		4	RACE		5. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
Fema	ale	26	Black		MONTH	10 DAY 95	89	YRS.		
a. BIRTH	PLACE (STATE OR F	OREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
Mary	land	100	U.S.A	1.	WIDOWE		PRINCE GEO	ORGE'S	COUNTY	Y ME
O. CITY C	VERLY	тн 1		H FACILITY, GIVE STREET	ADDRESS)	RAL HOSPITAL	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST HOUSEWIFE	ION DE WORKING LIFE	126 KIND C INDUSTRY NON	OF BUSINESS OR
USUAL RI 130. STAT Md	ESIDENCE (IF NURS E	13b COUNT	Y	GIVE RESIDENCE BEFOR	/N	13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 4206 Crain	/ ZIP.CODE Highw	vay	20772
14 FATHE	r's name John	Qũ	nicy	Adams		IS MOTHER'S MAIDEN NA	ME Unkno	wn	Į.A.	ST
	DECEASED EVER		ED FORCES? WAR OR DATES)	219-36-8		Josh Scribne	r 1511 Uppe	9 Peer	rless A	Venue MD 207
PA NOIL	onditions, if any, over rise to immuse to immuse to station aderlying couse  RT 2 OTHER SIGN  DATE OF OPERAL	nediate g the last.	onditions <u>co</u>		<u>DEATH</u> BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b IF YES	EN IN PART IO	INGS USED
E							YES NO		S 🔲	NO [
00	ACCIDENT WAS UNE CONTRIBUTING () ( IF EITHER NOTIFY MEDIC	AUSE OF DEAT	n e	OF INJURY ,M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJE	IRY IN ITEM IB PI	ART I OR PART ?}	
III I	INJURY OCCUR			OF INJURY REET FACTORY OFFICE,	FARM ETC }	216 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
	sow the decease above (1) (ye) it		5	Chart m		nd that in my (our) apinion	death occurred an the c	ate and hour		
13	Signature	CH	ho	Me			MEDICAL STA	FF CIAN []	36	7/85
22d	A. C. HO			000000	N.	22e ADDRESS 14314 OLD M	ARLBORO PIK	E UPPE	R MARL	BORO, MI
230 BURI (SPEC	Burla		236. DATE	RAL HOME	NAME OF C	Memorial Par	k Landover	Prince	Georg	e's MD

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Hea

MPORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

4339 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

A. A. ISBYIE CD.

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ROLLINS FUNERAL HOME, INC.

A339 HUNT PLACE, ILL.

WASHINGTON, D.C. 20019

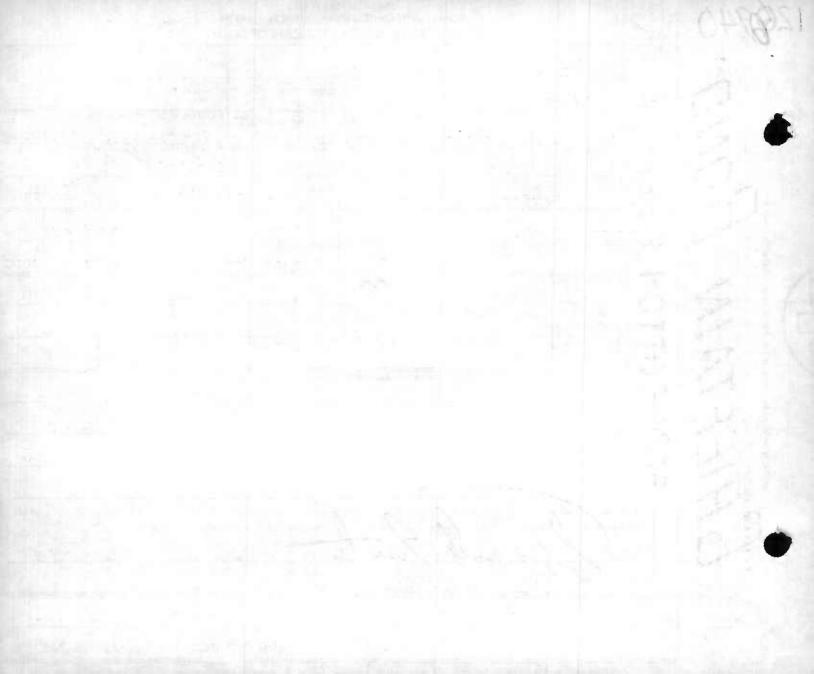
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 113003 REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-/ovence Oleman 4. RACE 6. AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS DATE 82 YRS PRONOUNCED March DEAD BIRTHPLACE (STATE OF MARRIED NEVER MARRIED Penna. U.S.A. Pr. Geo. DIVORCED 10. CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Nurse= Ret. Registered St. 20872 Montgomery 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS amaseus 15. MOTHER'S MAIDEN NAME Lentz Florence Leib Edward ADDRESS 12006 - Wimbleton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. D.Colemant., (IF YES, GIVE WAR OR DATES) 578-42-2426 Upper Marlboro. 18. CAUSE OF DEATH (Enter only one couse per ligg for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: liste Cardiovare IMMEDIATE CAUSE (6)\_ DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES 🗌 E 3 SHOULD BE L DEPARTMENT 11 PRIOR TO BUR NO [ 710. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 226. I certify that I took charge of the remains described above, held an Autopsy MARYLAND Inspection and in my opinion EXECUTE THE CERTIFICATION OF A SHOULD BE FOUNDED TO FUNERAL DIRECTORY AFTER DEATH, WITH THE BALT MORE, MARYLAI deoth resulted from: Notural couses Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR Deputy MEDICAL EXAMINER EXAMINER'S NAME AUGUSTO P. Redriguez. 5009 Rayburn Ct., Temple Hills, Md (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Mt.Olivet Cem. Wash., 07/84 25M 24 FUNERAL DIRECTNALLOY'S F. HORRESS Mt.Rainier, 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

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STATE OF MARYLAND

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		1. DE	REGISTRAR CEASED NAME E OR PRINT)	f	FIRST	7712	MIDDLE M.	EAAM	VER 3	LAST	CATEO	20.	DATE KNOV		ONTH DAY	YEAR	26 HOUR
	EET CR.	3. SE)		I. RACE	evin	DATE OF BIRTH		Tr. ACE IN	Coc		Ton control		DEATH MATE	ED []	4 21	19 85	M
V	ARY, PLE DIRECT OUR FI ON STR	M	ale	Whit	e Î	DATE OF BIRTH	1956		DAY) MONTH	DER I YR	HOURS	MIN PRO	DATE ONOUNCED DEAD	M	4 21		12:14 a M
-	NERAL VINERAL		RTHPLACE (ST PREIGN COUNTRY) Md.	ATE OR	7b.	U.S.		NTRY?	8. MARRI WIDOW	-	VER MARRI	ED 🔄	Prince	_		's County, MD	
	PAGE 5	1.0	ty or town o	OF DEATH		NAME OF HO (IF NOT IN SUCH F reater	ACILITY, GIVE	STREET ADDRESS				FOR MOS	OCCUPATION OF WORKING LIN	N (TYPE OF V	VORK 126. K	IND OF BU	ISINESS
1201	H. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS TAL RECORDS, 204 W. PRESTON STREET,	USU/ 13a. S	AL RESIDENCE ( TATE  Md.	136.		HER INSTITUTION, G	13c. CIT			13d. INSIDE (	-		ADDRESS Drif		d Ct.	210	185
BALTIMORE, MD. 2120	OURS AFTER DEATH. IF AND THE GRAPH OF THE GRAPH OF THE FORM PM 3. RETAIL FAGES IN AND 2. SHOULD SHOU	-	ATHER'S NAME FIRST Morga			IDDLE		last		15. MOTH	R'S MAIDE IRST Lean	NNAME	WIDDIE		Larri	LAST	
S.	A A B B B B B B B B B B B B B B B B B B	16a V	VAS DECEASED					CIAL SECUR	TY NO.	17. INFORM		) <u> </u>	ADI	DRESS	Dall	LINOIC	_
BALTIN	S AFTER GIVE PA TH FO PAGES VISION		es, no, or unkno no		ES, GIVE WAR			-58-3		Ele	anor	Cook	(mot	her)		add	dress
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN 1TEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WATER DEMANDED TO THE CHIEF MEDICAL EXAMINER ALONG WATER DEMANDER, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DEALTHWORE, MARYLAND, 21201 PRIOR TO BURRIAL, CREMATION, OR REMOVAL.	CERTIFICATION	gove ris couse (a) lying cau	s, if any, e to imm stating the e last. NIFICANT CON	nediate under- IDITIONS (ONT	(b) DUE TO, OF OR THE RIBUTING TO DEATH	R AS A COP  BUT NOT REL  ITION FOR	COLEDE  NSEQUENCE  NSEQUENCE  ATEO TO THE TEI  WHICH OPE	OF  MINAL DISEASE  RATION W	E OR CONDITION	N GIVEN IN PAI	RT 1 (a);	JRE OF INJURY IN			AUTOPSY?	
DIVISION	THIS CERTIFICAT WARDED TO THE VAGE 3 SHOULD TATE DEPARTME	MEDICAL C	UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK	CCLIRRED		TH P.A 21s PLACE		19 TATHOME	21f. LO	CATION	- CONNE		ITY OR TOWN		COUNTY		STATE
•	O MEDICAL EXAMINER: TI XECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORW O FUNERAL DIRECTOR: PA FITER DEATH, WITH THE ST. ALTIWORE, MARYLAND, 2		douth results  ACTUAL SIGNATURE  EXAMINER'S I (TYPE OR PRIM	of trom	Judy co	the remains de douer .	Smit	300 h, M.1		Homic D. ACti ADDRESS_	ng Ch	Undetermination of the United Penn S		<u> </u>		4/21/8	35
07/B4		(:	URIAL, CREMAT SPECIFY) Burial		4	/25/85	Sp.	edder.	-Sew	ard			ütson		COUNTY	MC	ſ.
25M	DHMH - 17 (VR A15 ME (5))	24 F	NAME 970	I¶MUN 5 Be	EK F lair	UNERAI Rd. B					APR		GISTRAR 256	REGISTR	AR'S SIGNA	TURE	2



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### STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HTGIENE CEPTIFICATE OF DEATH

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1	line	Cin	-	-

	11-	FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
6109		CEASED NAME FIRST	SEPH E.	CRANFORD.	20. DATE OF DEATH MONT	7 1985 26 HOUR 4.44.P
4 mg	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
	400	Male IRTHPLACE (STATE OR FOREIGN	Caucasian  7b CITIZEN OF WHAT COUNTR	March 6 1928	O BALTIMORE CITY OR CO	YRS THE THE TENT OF DEATH
3	N	Maryland	U.S.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	PRINCE (	GEORGE,
1 11 86	C	LINTON	So. no. It osp	· Center	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  Projectionist	12b. KIND OF BUSINESS CINDUSTRY  -Re. Motion Pic
tilled in ould be	13a S	STATE N3/ COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF UNITY 136 CITY OR TO P Arundel Harwoo	DWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 4749 L Flande	CODE 20776
mpletely and 21	14 FA	ATHER'S NAME William	M. Cranfo	rd Edna	AME	Wheatley
Page 7	16a V	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SE GIVE WAR OR DATES) 218-20-		ranford 4749 L	Flanders Lane
res that the	7	gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	DUENCE OF	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
equir n sign Then r to b	O					
he low requor. hos been st permit. The ene prior to ows ony injury.	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
physicion.  rificote hos been solitronsit permit. The hold Hygiene prior to mil 8 shows ony inji	CERT		21b. TIME OF INJURY HOUR A.M. MONTH	21t. HOW INJURY OCCUR	INC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
physicion.  rificote hos been s l-tronsit permit. The of Hygiene prior ro n 18 shows ony inji	MEDICAL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 21 LOCATION	YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
SICIAN: The low require physicion. certificate hos been striol-tronsit permit. The entol Hygiene prior to them 18 shows ony injiten.	CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHER MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (Abuchors sow the deceased alive	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME STREET FACTORY OFFICE)	DAY YEAR 19 211 LOCATION STREET 19 10 11 11 11 11 11 11 11 11 11 11 11 11	TES NO RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE
OR ATTENDING PHYSICIAN: The low requence hospital or ottending physicion.  DRECTOR: After this certificate hos been soched for use as the buriol-transit permit. The Dept of Health and Mental Hygiene prior to the Triangle of Hem 18 shows any injuit them 21 is marked or them 18 shows any injuit.	CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHER MEDICAL EXAMIN 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (Abuchors sow the deceased alive	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (A1 HOME STREET FACTORY OFFICE)	DAY YEAR  19 211 LOCATION STREET  19 211 LOCATION STREET  DEGREE  ATTENDING	RRED (ENTER NATURE OF INJURY IN IT  CITY OF TOWN  A deoth occurred on the dote an	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO CERTIFY NO COUNTY STATE  COUNTY STATE  1985, that (I) (we) load hour and from the couses stated
R ATTENDING PHYSICIAN: The low required by the spatial or otherding physician.  SIRECTOR: After this certificate has been sighted for use as the burial-transit permit. The pept of Health and Mental Hygiene prior to the prior to the standard or them 18 shows any injustice.	CERT	21d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK 22d I certify that (I) (Abuchors sow the deceased alive above, (I) (I) (I) (I) (I) 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE)  Prior offended the deceased from D. T. View the body after death.	DAY YEAR  19  211 LOCATION STREET  19  211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	RRED (ENTER NATURE OF INJURY IN IT  CITY OR TOWN  A death occurred on the date on  MEDICAL STAFF DIRECTOR   PHYSICIAN	IF YES, WERE FINDINGS USED CERTIFY ING CAUSES OF DEATH? YES NO CERTIFY ING CAUSES OF DEATH? YES NO CERTIFY ING CAUSES OF DEATH? YES NO CERTIFY ING CAUSES OF DEATH?  COUNTY STATE  22c. DATE SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/8 (VRA 15, 4) \$

FOR

### STATE OF MARYLAND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
	DEC	EASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE	Robert	E	CROL	VEL		4	28-85	6:19AM
J	SEX		Caucasian	5. DATE C		6 AGE (IN YEARS LAST BIR	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
1		CTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUN	TY OF DEATH	
4		Ohie	U.S.A.	WIDOWE		Prince			MD.
	10. CI	Plint-on	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SOUTH ON MANY LA	ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING		Krewe Done
3	13a S	md P.C	13c. CITY OR TOW	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13d INSIDE CITY LIMITS? YES NO [	13e STREET ADDRESS		ne 20	744
1	4 FA	THER'S NAME FIRST	MIDDLE LAST		15. MÖTHER'S MAIDEN NAM	WE		LAS	51
U		George	Crowel		Marie	1000	r.c.	Lowe	
	{Y	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	RITY NO. <b>2891</b>	Anne T. Cre			Md. 20	71.1.
7	CERTIFICATION	gove rise to immediate couse (ol), stoling the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS ACONSEOUS  (c)	DEATH BUT		INAL DISEASE OR COM	20b. IF Y	YES, WERE FINDII TIFYING CAUSES	NGS USED 5 OF DEATH?
	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		8 PART : OR PART 2)	NO 🗌
		OR CONTRIBUTING CAUSE OF DE		YEAR	- 3/1				
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, F		21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		22a. ( certify that (I) (thus boso sow the deceased alive on above, (I) (was (did) (did no	April 18 19 8		nd that in (my) (asse) opinion	, 10	28 dote and h	nour and from the	
		22h. SIGNATURE	· luces su i		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	28-85
		22d. PHYSICIAN'S NAME (TYPE)	DR PRINT)		22e ADDRESS				
		M. Taleghani	M.D.		1467 Old Bra	anch Ave. T	emple	e Hills.	Md. 2074
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c h	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
		7 Burial	5-1-85 I	t. L	inceln Cemeter			r. Geo.	Md.
	0	MERAL DIRECTOR	/ 1/ DORSES	11	250. DAT	EREC'D. BY REGISTRA	75b. REG	ISTRAR'S SIGNA	TURE

ri en Ceer e the state of the s STORE THE PROPERTY OF THE PROP 0110 giri 0-0-01 trans the state of the 28 Pires Pi reh 28-82-1 L-28-83 67 1 co v . crate 1 . 207 ? W. mienhani M.D. umil f-1- t. i.ccln retery was took co. ...

	STATE OF MARY
np.	DED A DEMENT OF HEALTH AND

LAND

07064	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL MY CERTIFICATE OF DEATH		
m =		CEASED NAME FIRST	MIDDIE	LAST	REG. NO.	- 0~ 25
y be		Minn		Crusan	11011	0 35 100.
1	3. SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR		UNDER TYEAR IF UND R 24 HRS
6 ( A)		Female	Caucasian	Sept. 27 1897	87 YRS	
a 2 %		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	
de la le contraction de contraction		aryland	U.S.A.	WIDOWED X DIVORCED	Prince George	
s offer o		t. Washington	(IF NOT IN SUCH FACILITY, GIVE STREE	ng home or other institution raddress) Rehabilitation Cen	128. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  THOUSEWIFE	176. KIND OF BUSINESS OF INDUSTRY
filled in ould be f	13e.	STATE 136 COUN	e George Marlow E	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2410 Olson St.	20748
mplerely ond 2 sh	14. F.	Edward	MIDDIE LAST L. Hill	IS MOTHER'S MAIDEN N FIRST Frances	Ann Elizabeth	Clubb
Poges 1	16a \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 579-05-1		Crusan Marlow He	
rificate by physicial and papers.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), to), a ED BY. TE CAUSE (a)	dio-pulsume	ary Arrest	approximate interval Between onset and death
deoth cer ottending ove corbo bion, or re oumotic e		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	Extract Arrhythm	10	5 mins.
that the disperse removed, cremory rather true		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	PENCE OF Scherotic Ca	rdiovas cular D	13.10 year
equires in signed injury, o	NOI	HARTZ OTHER SIGNIFICANT	conditions contributing to		MINAL DISEASE OR CONDITION GIVE	montia
he low ron. hos bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 77 100 M 4ES,	WERE FINDING JUSES- ING CAUSES OF DEATH?
SICIAN: Ti ng physical certificate riol-transit entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM TO PAI	RT I ORPART?)
G PHYSi of the buri	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ] 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDING itol or of OR. Afth or use os f Heolth		220 I certify that (I) (this bosp	of the view the body ofter deoth.	85 , and that in (my) (gar) opinio	n death occurred on the date and hour	ond from the couses stoted
at OR AT the hosp at DIRECT etoched for the Dept o		obove, (1) (Ne) Isid) (did no	ot) view the bedy ofter deoth.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE/SIGNED
TO HOSPITAL ( TO FUNERAL I should be deto with the Stote [ IMPORTANT: #		RICLURY A.	Farson, MD.	12e ADDRESS 946, #36 5 F.f.	Lash, md	2079¢
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIES) Burial	11/13/85	NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	CITY OR TOWN P. C	COUNTY STATE Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	24_F	UNERAL DIRECTOR	Funeral Home 03	O Oxon Hill Rd 250. D	APR 12	AR'S SIGNATURE

reil 13/5 scher ill se story litland (16/5 till c.) (16/5 till c.)
(16/5 till c.)

CONTRACTOR

Robert E Wilhelm Funeral Home

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIERE

CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO 20 DATE OF DEATH MONTH L DECEASED NAME 7h HOUR LIYPE OR PRINTS Mary Cundiff April 6, 1985 9:15A R. 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS 3 SEX MONTH Female White January 19. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Prince Georges County Washington, D.C. U.S.A. & CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS)

Greater Laurel Beltsville Hospital LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Laurel Waitress Restaurant ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 113b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 404 Marshall Maryland P.G. Co. Laurel YES X 15 MOTHER'S MAIDEN NAME M FATHER'S NAME MIDDLE Joseph Percy Maude Corcoran ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 78-20-0545 John E. Cundiff (Husband) Same as # No None 18 CAUSE OF DEATH lEnter only one couse per line for iol, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gave rise to immediate couse (a), stating the underlying PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN JEM 18, PART 1 OR PART 2) OR CONTRIBUTION DEATH DAY YEAR 211 LOCATION 21e PLACE OF INJURY 22a I certify that (I) (this haspital) attended the deseased from snw the deceased alive on\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated gbave, (I) (we) (did) (did not view the body after death IGNATURE DEGREE 22L DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN I

23c NAME OF CEMETERY OR CREMATORY

Chambers Crematory

DHMH - 16 50M 4/83 (VRA 15, 4)

Chambers Funeral Home Riverdale, Maryland

23a. BURIAL, CREMATION, REMOVAL Cremation

74 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

were when seeing we proposed the

Riverdale, P.G. Co., Maryland



					MARYLAND	1 9	3 7 0
21.	FOR STATE		DEPART	MENT OF HEALTI	H AND MENTAL H	YGIENE 4	2 0
140400	REGISTR.	AR	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE O	F DEATH REG. N	Ο.
116123	1. DECEASED		MIDDLE		LAST	20 DATE KNOWN	W MONTH DAY YEAR 76 HOUR
***************************************	(TYPE OR PRINT)					OF EST)-	3
888		Towa			ngham		1 10 1/ 00
2 22 28	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UI		24 HRS. 2c DATE MIN PRONOUNCED	MONTH DAY YEAR 14 HOUR 3:55
SER A	Female	Black	July 8, 1957	27 YRS.	I HOURS	DEAD	4-13 19 85 p. M
一 对建筑/9	7a. BIRTHPLAC	E (STATE OR	76. CITIZEN OF WHAT COUN	VTRY?	IED M NEVER MARRI	9 BALTIMORE CITY	OR COUNTY OF DEATH
田等交音器	FOREIGN COU		U.S.A.	WIDOV		Prince Ged	orge's County,
25000	IN CITY OF TO	gton, D.C.	11. NAME OF HOSPITAL, NE				E OF WORK 126 KIND OF BUSINESS
PAGE FRIED	4		HE NOT IN SUCH FACILITY, GIVE S	STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
202 H/ L	Cheve		Prince George		Hospital	Secretary	
E ARMAN	MAL RESIDE	NCE (IF IN NURSING HOME 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
S SAMOON	MD		ce Georges Lan		YES NO	7838 Sheriff	Road #B 20785
/ A2332 B	14 FATHER'S				15. MOTHER'S MAIDE	NAME	
DEATH. GES 1.	FIRST		MIDDLE	isher	FIRST	WIDDLE	Williams
5 25 x 25 -		MES EASED EVER IN U.S. AF		CIAL SECURITY NO.	Joyce 17 INFORMANT	ADDRES	MITITAMS
ON SON	(YES, NO, OR L	JNKNOWN) (IF YES, GIV	TAMAR OR DATES	<b>-</b> 76 <b>-</b> 1294		5936 Eas	t Capitol St. NE
AL SIM	No		279	-10-1294	James Fish	ler Washing	con, D.C. 20019
ON ST., B. 24 HOURS ITEM 18. G LONG WIT PERMIT. P. OIENE, DIV	18 CAL	JSE OF DEATH (Enter o	nly one couse per line for (o), (b	), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N SI	PAR	T   DEATH WAS CAUSE	TE CAUSE (a) Blunt !	Trauma to A	bdomen with	n Complications	
2 4 1 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1		MMEDIA	DUE TO, OR AS A COI				
EMCEN ES		ditions, if ony, which					
WING IN		ve rise to immediate ise (a) stating the under		ALECCHENICE OF			
A WEN		g couse lost.	DOE TO, OK AS A COL	ASEQUENCE OF			
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 S.CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAGES 15 HOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 17 AND 2. HOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 17 AND 2. HOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 17 AND 2. HOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 17 AND 2. HOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 17 AND 2. HOURD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 17 AND 2. HOURD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 17 AND 2. HOURD BE USED AS A BURIAL. TRANSIT PERMIT. PAGEN DEVINED.			(c)				
RD SEE		THER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL OISEAS	SE OR CONDITION GIVEN IN PAR	T ) a	
S S S S S S S S S S S S S S S S S S S	No I						
28 - 29 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	196. DA	TE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION V	VAS PERFORMED?		20. AUTOPSY?
SHOULD ORD "PE CHIEF A LICE HE	星						YESXIX NO
P S S S S S S S S S S S S S S S S S S S		ERNAL CAUSE WAS	21b. TIME OF INJURY	21c H	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM TE	
IVISION OF CERTIFICATE TIING THE W ED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO I PRIOR TO	UNDER	LYING XXOR	HOUR A.M. MONTH	DAY YEAR			
SAR TO THE STATE OF THE STATE O	CONTR	IBUTING CAUSE OF	DEATH ? P.M. 2	-2 1985 SU	bject was a	assaurtea	
PER SEPTIMENT	w		STREET, FACTORY, FARM,	ETC.)	STREET	CITY OR TOWN	COUNTY STATE
MRIS ARE	▼ WHILE AT WO	RK NOT WHILE	home	78	38 Sheriff	Road, Landover	Prince George's
E ST D, 2			ge of the remains described ob	ove held on Autor	sy XX. Inspection	Inquiry . o	CO., Ma.
A S S S I S	The second		urol couses Accident		Homicide XX	Undetermined monner .	io iii iiy opiiioii
AAA SEE SEE SEE SEE SEE SEE SEE SEE SEE	deom	A A	Troi cooses Mccident	The Land		Underermined moniter	
A SEE E	ACTUAL	1 10111	111 VX V	a Min	Assistant	-	DATE 4-14-85
AESAFE 3	SIGNAT	TURB XX-1-16A	IN I MANY	A DEPENDENCE	A.D. ASSISCALIO	MEDICAL EXAMINER	SIGNED 4 14 05
MEDICA CUTE TH SE A SHC FUNERA TIMORE,	EXAMIN	IER'S NAME	unia II Carlo	MD	111 7	Donn Ct Dalte	. Md. 21201
	(TYPE O	R PRINT)	nnis F. Smyth,	M.D.	ADDRESS	Penn St., Balto	, PM. 21201
53355E	73a BURIAL, CR	REMATION, REMOVAL	23b DATE 23c.	NAME OF CEMETERY C	OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
BP		urial	4/20/85 H	armony Memo	rial Park	Landover Pri	
1 1 1 Y A	24 FUNERAL	DIRECTOR ROLL	NS FUNERAL HO	WE, INC.	25a. DATE R	EC'D BY DECISTRAD 1256 PEC	ISTRAR'S SIGNATUR Handale
DHMH - 17 (VR A15 ME (5))	NAME	43	39 HUNT PLACE		A	rn 1 9 1985	- Introduction
20M 4/82	-		SHING ON PACE			0	

ROLLINS FUMERAL HOME, INC.

4329 HUNT PLACE, N.E. WASHINGTON, D.C. 20019

### STATE OF MARYLAND

5 DATE OF BIRTH

April

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

CURTIS

MARRIED NEVER MARRIED

	REG. N	40					
	20. DATE OF DEATH	MONTH	DAY		YEAR	2b HOU	JR .
	Ay	mi/	20	0	1988	8	PM
	6 AGE LIN YEARS LAST B	RIHDAY)	_	_	RIYEAR	IF UNDER	24 HR5
1	74	YRS		VIHS	DAYS	HOURS '	MIN.
	9 BALTIMORE CITY	OR COUN	TYO	F DE	ATH	13.7	
	Prince Georges M					MD.	
	120 USUAL OCCUPA		LIFE)			FBUSINI	ESSOR
	Housew:	ife		Н	ome	Mal	cer

		111001110	01.01.02
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTH	ER INSTITUTION
n	IF NOT IN SUCH FACILITY, GIVE STREET		
Brandywine	7911 Cedarvi	lle Rd.	
JOUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		

Prince

4 RACE

LYDA

13d INSIDE CITY LIMITS? Brandywine

15. MOTHER'S MAIDEN NAME

FIRST

Marion

191

DIVORCED

13e STREET ADDRESS / ZIP CODE Cedarville Rd./20613 7911

MIDDLE

FIRST MIDDLE Clarence Hatton 16h SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES" (YES NO OR UNKNOWN) No

216-70-9924

ERNESTINE

Caucasian

76. CITIZEN OF WHAT COUNTRY

HSA

17 INFORMANT George

7913 Cedarville ADDRESS T. Curtis III Brandywine, Md.

Conditions, if ony, which gove rise to immediate (o), stating underlying couse

- STATE

3 SEX

CERTIFICATION

MEDICAL

Item 18

6

MPORTANT: If Hem 21 is

REGISTRAR DECEASED NAME TYPE OR PRINTS

Female

TO BIRTHPLACE (STATE OR FOREIGN

Washinoton.

Maryland

4 FATHER'S NAME

196 CONDITION FOR WHICH OPERATION

STATE

APPROXIMATE TO SVA 3

190 DATE OF OPERATION

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE

WAS PERFORMED	20a AUTOPSY?
	YES TO NOTE

20b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES T NO [

Phumphy

21a.	ACCIDENT WAS UNDERLYING
OR	CONTRIBUTING CAUSE OF DEATH
{ IF	EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY MONTH DAY YEAR HOUR A.M. 21e PLACE OF INJURY

21f LOCATION

21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

(AT HOME STREET FACTORY OFFICE FARM, ETC.) 220.1 certify that (1) (the hospital) attended the deceased from 9/23/69 CITY OR TOWN COUNTY

sow the deceased alive on\_ 22h SIGNATURE

22e ADDRESS

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (purpopinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Thomas L. Fieldson. M.D.

Brandywine, Maryland

23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 4/23/85 Cem. Immanuel U.M. Baden 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

Funeral Home (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Waldorf, Md.2060 APR

was Davidson

COUNTY

Prince Geo.

DIVISION OF VITAL hospitol should be deto



# STATE OF MARYLAND

3	diam	dia	24

1.	STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST Ade	MIDDLE	DAVIS	20. DATE OF DEATH M	85 VEAR 26 HOUR 2
	Flemale	BLACK 7b. CITIZEN OF WHAT COUNTR	5. DATE OF BIRTH MONTH OAY YEAR 11-7-18	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
V.	IRTHPLACE (STATE OR FOREIGN COUNTRY) I R G I N I A  ITY OR TOWN OF DEATH	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED X	DOTALCE C	EORGE'S ME
S		HOLY CROSS H	OSPITAL	(TYPE OF WORK FOR MOST OF V	
13a.	. C .	I3c. CITY OR TO	GTON YES X NO	13e STREET ADDRESS / 1	
	ATHER'S NAME  ILLIAM	THOMPS		WIDDLE	POPE
16a \	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GIV NO	5 1440 000 0 TES		JOYNER, NO	15 WOODLAND AVE
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEG	we have tell	athy	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	IN CERTI			200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \cap \) NO \( \cap \)	
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OBJETA (IF EITHER, MOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOT WHERE		19 2H LOCATION	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
	22a I certify that (1) (this hospi	tol) optended the deceased from		n death occurred on the date	that (1) (we) lost e and hour and from the causes stated 22c, DATE SIGNED

TO FUNERAL DIRECTOR IMPORTANT: If Item 21 is should be detached for u with the State Dept. of H

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMAT 23b. DATE

22e ADDRESS

CEMETERY

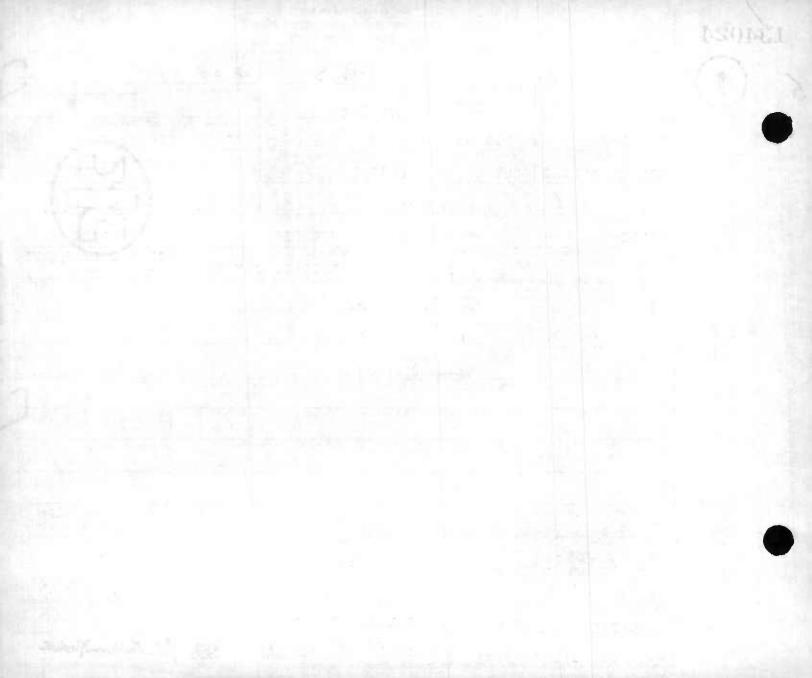
V AATE

BURIAL MAY 1.

24 FUNERAL DIRECTOR

NAME

J.B. JENKINS FUNERAL



120052

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE	CERTIFICATE OF DEATH
REGISTRAR	CEKTIFICATE OF DEATH

REG. NO. 20 DATE OF DEATH 26 HOUR April 22, 1985 10:10a.m. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 64 BALTIMORE CITY OR COUNTY OF DEATH Prince George's Co. 126 KIND OF BUSINESS OR INDUSTRY Housekeeper Motel 20601 13e.STREET ADDRESS / ZIP CODE Lot E. Gillespie Trlr. Ct. MIDDLE Myntle Russell 6E, Idlewood Waldorf APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O min 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [] NO [ CITY OF TOWN COUNTY STATE

I DECEASED NAME TYPE OR PRINTS DAVIS MARIE LUCY 4 RACE 5. DATE OF BIRTH 3 SEX 22, 1920 Nov. Caucasian Female To. BIRTHPLACE I STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland DIVORCED TO WIDOWED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Clinton Southern Maryland Hospital 130 STATE 13d. INSIDE CITY LIMITS? Charles MDWaldorf 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST Woodly Morgan Mary John 160/WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT sister (YES NO OR UNKNOWN) Lewellen Trl. Prk., 579-30-8161 Mabel 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO aronovosevlar Conditions, if ony, which gove rise to immediate couse tot, stoting the underlying cause last. MENMONIA NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTHER MEDICAL EXAMINER) 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE NAN 22a.1 certify that (1) (this hospital) attended the deceased from. ond that in (my) (aux) opinion death occurred on the date and hour and from the causes stated saw the deceased alive on\_ above, (1) (wa) (did (did not) view the body after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN Thomas L. Fieldson, M. Brandywine, Maryland 20613 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial 4/24/85

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

24. FUNERAL DIRECTOR

Home. Waldorf

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DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR LIVE OF PRINT ESTI-Susan Davis 1085 5:551 Allog e DEATH MATED 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3 SEX 4 RACE IE UNDER 24 HRS DATE DIREC PRONOUNCED 5:55P 1895 Caucasian March 22 Female 90 YRS DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWED TO DIVORCED Prince George's IN CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Temple Hills Housewife N/A Fisher Road Apt. 102 JSUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONAL 20748 13b. COUNTY 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Frince George's Temple Hills 5939 Fisher Rd. #102 YES Y NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William Wingate Bessie Noble 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Maryland No 579-01-7058 Betty Lou Shumate 5604 Auth Rd. Suitland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: THIS CEN.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN ANNIH (TYPE OR PRINT) OF ESTI-Deasy Voyce 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 14R IF UNDER 24 HRS DATE PRONOUNCED May 6, 1937 Female Caucasian DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Prince George's County Michigan USA WIDOWED DIVORCED 17a USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Bartlel Secretary Engineering Bowie 136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2712 Bartlett Lane YES X Maryland Prince George's Bowie 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE McAllister Duncan Frances Harry 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 2712 Bartlett Lane Bowie, Maryland 20715 James G. Deasy 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE USED AS A BURIAL TRANSIT OF HEALTH AND MENTAL HYC BIAL, CREMATION, OR REMO Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARTING ...
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TATE DEPARTMENT OF P 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME 71E LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BASHWORE, MARYLAND, 21201 P STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held on Autopsy Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md EXAMINER'S NAMEAUGUSTO P. 230 BURIAL, CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Sacred Heart Church Cem. Bowie, Prince George's, MD 07/84 25M 24 FUNERAL DIRECTO Water 16000 Annapolis Road **DHMH - 17** (VR A15 ME (5)) Beall Funeral Home Bowie, MD 20715-3043

STATE OF MARYLAND

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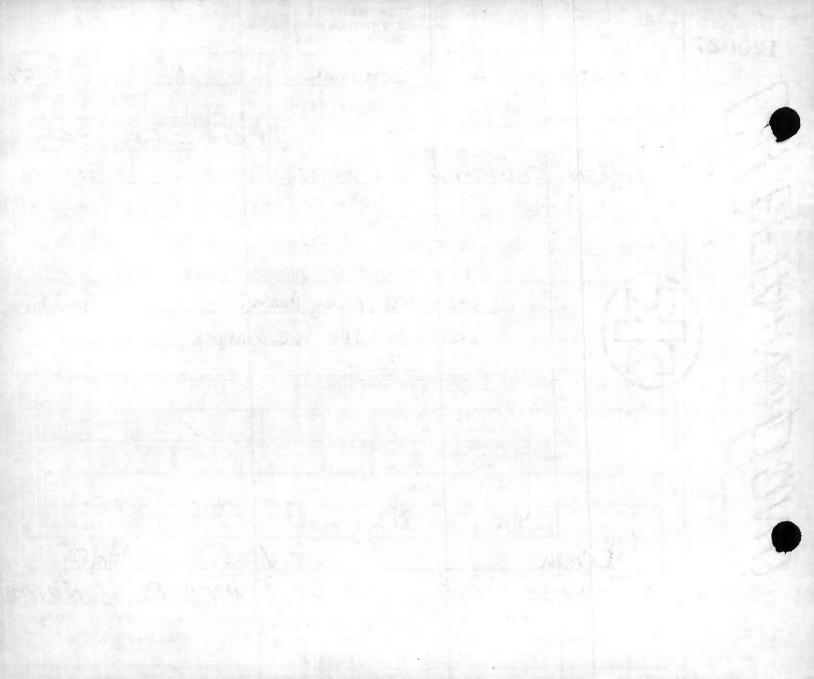
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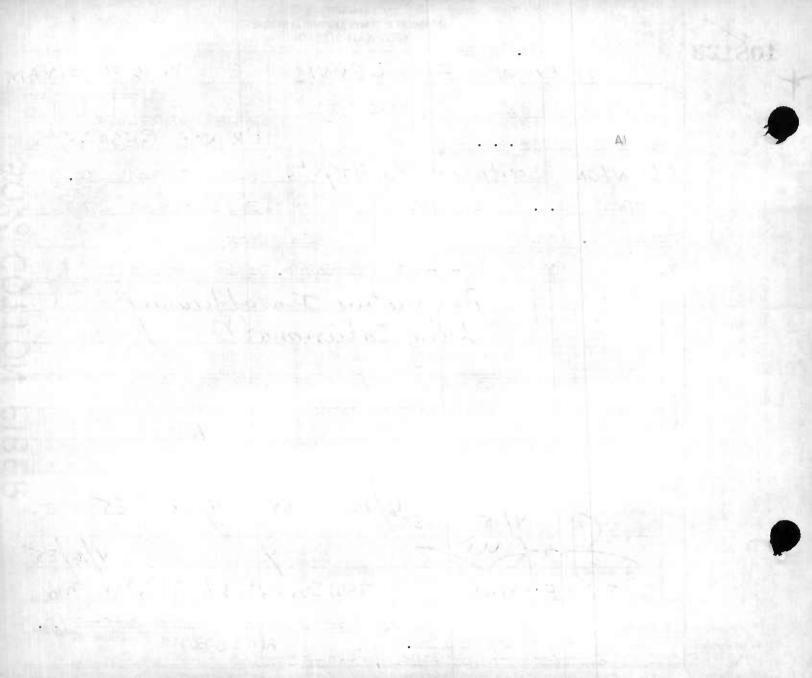
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN | 20 DATE 2h HOUR MONTH (TYPE OR PRINT) FRAL DIRECTOR. DR YOUR FILES. MEDION STREET. 85 DEATH MATED XX Manishkumar Desai DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 2c DATE :36 MONTH LAST BIRTHDAY 5: p. PRONOUNCED 10 23 62 10 85 Male DEAD Indian 22 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) India Prince George's County, India WIDOWED DIVORCED 18. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Beltsville rear of 6100 Avondale Road Unemployed None 2. AN A 3. RETAIN 2. SHOULD TAL PECCURE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 13e STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [ 11321 Evans Trail 20705 Md Prince George Beltsville 14 FATHER'S NAME DURS AFTER DEATH
18. GIVE PAGES 1.2
VITH FORM PM 3
VIT. PAGES 1 AND 2.4
DIVISION OF VITA 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EAST LAST EIRST Chandrakant Desai Kokila Parekh 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 12233 Guinevere Rd. Arvind H. Desai 220 - 92 - 2098 Glenndale, Md. 20769 18 CAUSE OF DEATH (Enter only ane cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypothermia IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Exposure gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Inanition 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS est. 2Th TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR MEDICAL CONTRIBUTING CAUSE OF DEATH 4-10 1985 exposure to cold 7Te PLACE OF INJURY If LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE 6100 Avondale Rd., Beltsville, Prince wooded area AT WORK George's Co., Md. Autopsy X 220 I certify that I taak charge of the remains described above, held an Inspection Accident XX death resulted form Hamicide Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 4-12-85 EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 73c NAME OF CEMETERY OR CREMATORY - T BACKERS STATE BaltimoreCity 25 Andra Bundary Raks Stony Cremation Loudon Park BP 24 FUNERAL DIRECTOR **DHMH - 17** L. Kaufman Funeral Home (VR A15 ME (5)) 20M 4/82 Blackdge, Maryland

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A				MONTH DAY YEAR	MONTHS DAYS
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5	MP5U7		OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)	13e STREET ADDRESS / ZIP CODE
	Ma		George's Camp	Springs YES NO 1	5808 Middleton Court (
1.	IR. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE LAST
61		tonio Di Domeni		Emelia Giac	
8		AS DECEASED EVER IN U.S. A	IVE WAR OR DATES)		ADDRESS
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5		PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b	Jandies .	APPROXIM BETWEEN O
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L marked ar New 15 shows any rejury.	MEDICAL CERTIFICATION	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCIAL EXAMIN 21d INJURY OCCURRED  WHILE NOTICE AT WORK 220 I certify that (1) (this has	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFI	DAY YEAR 19 216 HOW INJURY OCCURI	TIN CERTIFYING CAUSES YES   NO   TIN CERTIFYING CAUSES YES   YES    VES   OR PART   OR
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9	MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE ALWORK ALWORK ALWORK  220 I certify that (1) (this has sow the deceased alive a above, (1) well (did) filled	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19 216. HOW INJURY OCCUR! 19 21f. LOCATION SIREET  21g. And that in (my) (aur) apinian DEGREE ATTENDING	TO CERTIFYING CAUSES  YES NO NO YES NEED (ENTER NATURE OF INJURY IN ITEM IS PART OR PART 2)  CITY OR TOWN COUNTY  death accurred an the date and haur and fram the county  22c DATE:
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7		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE ALWORK ALWORK ALWORK ALWORK 22a I certify that (I) (this has saw the deceased alive a abave, (I) I we con	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	DAY YEAR 19 216. HOW INJURY OCCUR! 19 218. LOCATION STREET  DEGREE ATTENDING PHYSICIAN C 22e. ADDRESS 11	TIN CERTIFYING CAUSES  YES NO NO YES NEED (ENTER NATURE OF INJURY IN ITEM IS PART OR PART 2)  CITY OR TOWN COUNTY  death accurred an the date and hour and fram the cause that accurred and the
IMPORTANT: If them 21 is marked at them 18 shows any injury.		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED  WHILE AT WORK AT WORK 220 I certify that (I) (this has say the deceased alive a above, (I) well click in the say. 228. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF	DAY YEAR 19 216. HOW INJURY OCCUR! 19 216. LOCATION STREET  DIM 19 217. and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN (1) 220. ADDRESS 11 Fort Washi	IN CERTIFYING CAUSES YES NO IN

(VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

Medical Examiner Notified STATE OF MARITAND MENTAL HYGIERE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR 900 IF UNDER 24 HRS

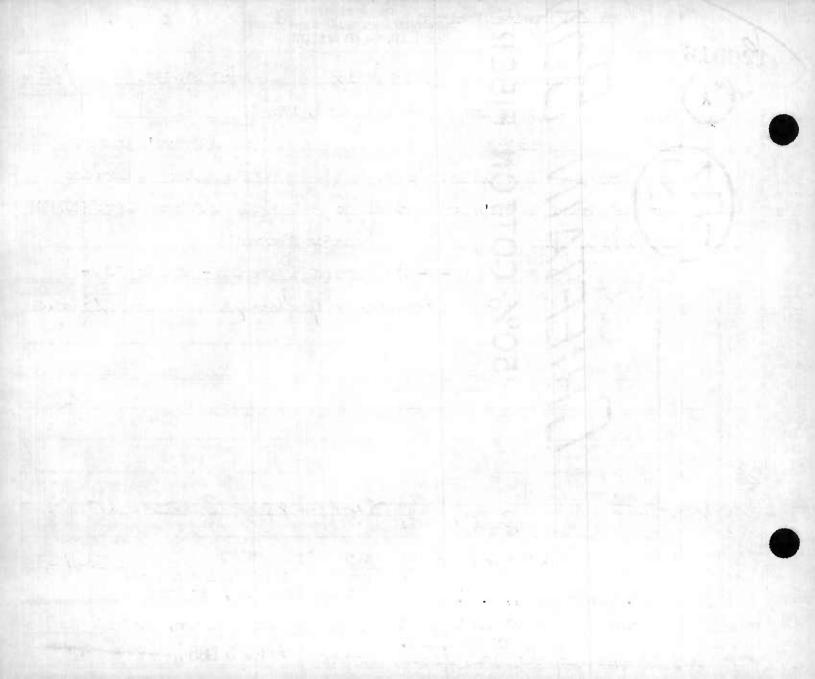
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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- STATE

REGISTRAR



## STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL WYCIEME

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- STATE REGISTRAR	DLT AN	CERTIFIC	CATE OF DE	ATH	REG. NO	O.		
I. DECEASED NAME FIRST (TYPE OR PRINT) MAM 1	E A.	D/	MES			MONTH DAY	85	8 PM
Female	Black	5. DATE OF	BIRTH 22	O1	6. AGE (IN YEARS LAST BIR	YRS.	VIHS DAYS	F UNDER 24 HRS HOURS MIN.
Maryland Martown	76. CITIZEN OF WHAT COUNTR USA	MARRIED WIDOWED	Table 1	ORCED	9. BALTIMORE CITY O	eorges		MD.
Riverdale, MD	11. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH FACILITY, GIVE STR  Leland Memori	al Hosp	_	TUTION ]	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired Coo	F WORKING LIFE)	176. KIND OF INDUSTRY Univ.	of Md.
USUAL RESIDENCE (IF NURSING HOME OR 130 Maryland	OTHER INSTITUTION GIVE RESIDENCE BEF	64		NO 🗆	13e.STREET ADDRESS / 4508 Rhode		d Ave.	722
14 FATHER'S NAME FIRST Sandy	Beckwith		_	MAIDEN NAI 'tie	ME	Tall	ey	
160 WAS DECEASED EVER IN U.S. AR.  (YES. NO OR UNKNOWN)  (IF YES. GIV	E WAR OR DATES)		Mrs. ]		ADDRE L C. Dimes/c			
PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), D BY: TE CAUSE (a)	OCARD	IAL	INFA	RCTION			ATE INTERVAL NSET AND DEATH
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OR CONTRIBUTION CAUSE OF DE			21c HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
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22b. SIGNATURE	Sharen	mi	P	TENDING HYSICIAN	MEDICAL STAI	FF IAN []	17. DATES	83
JERAPEINS	HAGEN		22e ADDRESS 4404	RIVER	PALE RD X	IVERDA	ALE A	D
230. BURIAL, CREMATION, REMOVAL (SPECI <b>BUTIA</b> )		d. Natio		m. Pk.		rel,		d.
24 FUNERAL DIRECTOR	ADDRES	5		25a. DAT	E REC'D. BY REGISTRAR	25HYREGISTPA	R'S SIGNA	ander.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR:

MPORTANT: If Item 2 should be detached with the State Dept.

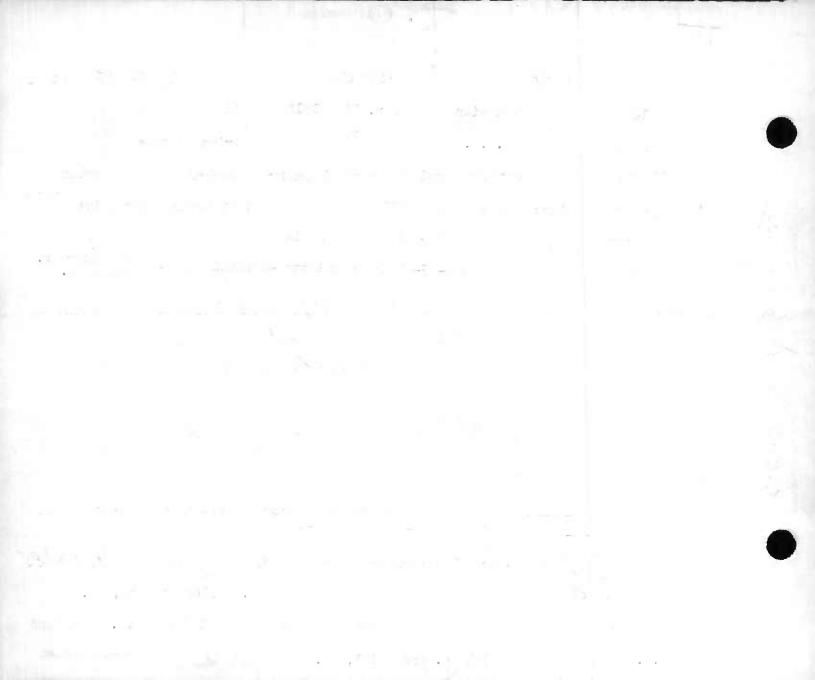
24 FUNERAL DIRECTOR

John T. Rhines Co., 3015 12th St.N

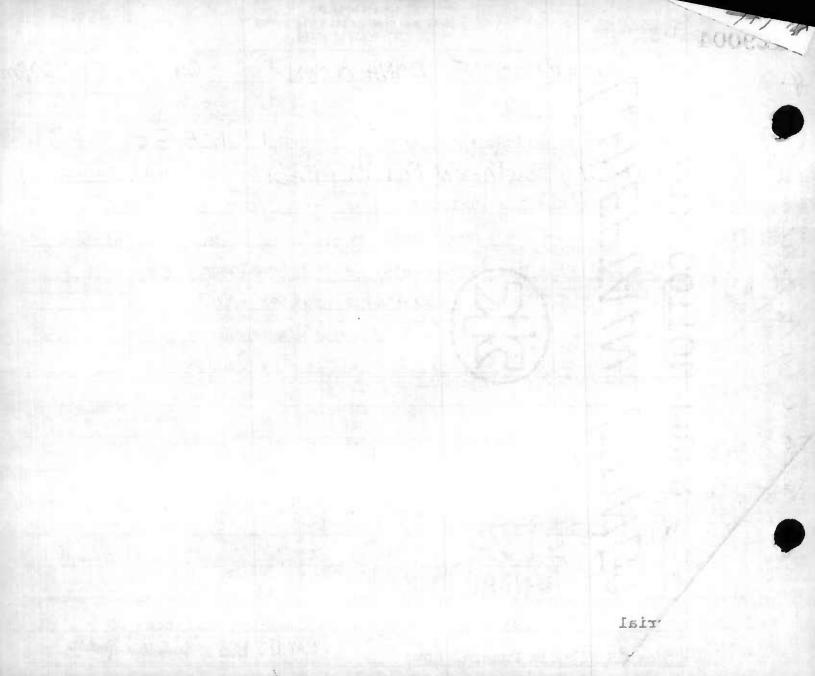
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE FOR 129004 - STATE CERTIFICATE OF DEATH REGISTRAR 26 DATE OF DEATH 1. DECEASED NAME 26 HOUR FINNE CHERRY IF UNDER 1 YEAR IF UNDER 24 HR 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3.56X HOUSE. White 22 1948 Sept 36 Male A: BIRTHPLACE To CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH CANADA ON FOREIGN MARRIED NEVER MARRIED Washington DC WIDOWED DIVORCED I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Painter Self Employed USUAL RESIDENCE IF NUMBERO OUNTY Un STATE 20601 Maryland Charles Waldorf 26 Westwood Drive 15. MOTHER'S MAIDEN NAME ATHER'S NAME MIDDLE FW1.1 Lewis Donaldson Vera TM: WAS DECEASED EVER IN U.S. ARMED FORCES? TAB SOCIAL SECURITY NO 17 INFORMANT HET, NO DE UNENCIMO LIF YES, DIVE WAR OF BATES! Nancy M Donaldson Yes Viet Nam Same as #13 578-66-099 18. CAUSE OF DEATH Enter only one course per line for rail, ib., and ic. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE IS DUE TO, OR AS ACONSEQUENCE OF Conditions, if any, which gave rise to immediate cause in stating the DUE TO: OR AS A CONSEQUENCE OF underlying course last. PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTHER AND TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART THE CERTIFICATION 196 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 28s AUTOPSYT 78L IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES. NO [ 21s. ACCIDENT WAS UNDERLYING. THE TIME OF INJURY THE HOW INJURY OCCURRED I (MISS NATURE OF INSIRVING PERSON OF PART ) HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING [ ] CAUSE OF BEATH (FETHER NOTEY MEDICAL STAMPAS) P.M. THE LOCATION THE INJURY OCCURRED 31+ PLACE OF INJURY COUNTS MAZE (AT HOME LIMITE, FACTORY, OFFICE FARM, STC.) CHYOLTOWN WHILE TO MOTHER TO 22s I certify that (1) (this haspital) attuaded the deceased from and that in (my) (our opinion death occurred by the date and hour and from the causes stated ATTENDING & MEDICAL STAFF DIRECTOR | PHYSICIAN 22e ADDRESS 23e BURIAL CREMATION REMOVAL 73b DATE 731 NAME OF CEMETERY OR CHEMATORY THE LIDICATION SPECIFY Burial 29Apr85 Resurrection Cemetery Md Clinton ADDRESS Suitland, Md 250 74 FUNERAL DIRECTOR DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Wilhelm Funeral Home (VRA 15, 4)



FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•	1 -	REGISTRAR		CERTIF	REG. NO	)				
9		EASED NAME FIRST	٨	AIDDLE E.	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	25 HOUR	11
1	(TYPE	OR PRINT) Hele	n Kel	lly Done	ldson	APRIL 13	3 198	35	7:50	M
	3. SEX		4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 H	1R5
	F	Cemale	Caucasi	ian July		95	YRS.	NINS DATS	HOURS M	IIV.
		THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		9 BALTIMORE CITY OF		FDEATH		
7		ountry) .ssouri	U.S.A.		D NEVER MARRIED DIVORCED	Prince (	George	t <sub>s</sub>		MD.
	-	TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURSING HOME C	The state of the s	120 USUAL OCCUPATIO	N	126 KIND OF		_
d	For	restville		Nursing & Reh	ab. Center	Housewife	WORKING LIFE)	INDUSTRY	A	
	UŠUA	L RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION)					748	
5	13a. S			Temple Hills	13d. INSIDE CITY LIMITS?	3308 Huntle			* '	1
4		THER'S NAME	ice deorge	Temple Hills	15 MOTHER'S MAIDEN NA	1	y bque	are Dr.	• 1111-1	
J. T.		Joseph	C.	Kelly	Anna	MIDDLE		Kaufma		
4	16n 10	AS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRE!	SS			-
	(Y)		, GIVE WAR OR DATES)	578-50-6460	Lorraine D.	3308 Wahler Temp	Muntley Le Hil	y Sq.Da	r. #B€	)1
		18 CAUSE OF DEATH (Ente		line far (a), (b), and (c)				APPROXI BETWEEN C	MATE INTERVAL	ÁТН
		PART I. DEATH WAS CAL	USED BY: DIATE CAUSE (0)	Candiac an	arkemia.					
		777712.5		R AS A CONSEQUENCE OF						
	- 1	Conditions, if any, which		( AS A CONSEQUENCE OF						
	- 1	gave rise to immediate cause (a), stating the	)	R AS A CONSEQUENCE OF			_			
		underlying couse last.	(6)	CAS A CONSEGUENCE OF						
		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN	IN PART 10		
	o O	ORGANIL 6	Rain SYN	drome						
Ä	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
_	TE I					YES NOW	YES	CAUSES!	NO [	
2	CER	210 ACCIDENT WAS UNDERLYING			21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PAR	T I OR PART 2)		
7		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DAY YEAR M. 19						
7	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION			COUNTY	STATE	
	W	WHILE NOT WHILE AT WORK	(AT HOME STR	REET FACTORY OFFICE FARM ETC.)	STREET	CITY OR TOV	70	COUNTY	STATE	
		22a 1 certify that (I) (this in	ospital) attended the		125 1979	to 4-/3	19	,_55	that (1) <del>(we</del> )	lost
	H	saw the deceased alive abave, (I) (westerd) (did		ofter depth 19	nd that in (my) (***) apinian	death occurred on the da	te and hour a	and Irom the a	couses stated	d
		226. SIGNATURE	1		DEGREE			22c. DATE	SIGNED	
	ш	William	Hent 1	Turt 1	ATTENDING PHYSICIAN	MEDICAL STAF		41:	385	
	H	224 PHYSICIAN'S NAME (TO	PE OR PRINT)		22e ADDRESS					
		William Ker	it Furst.	M.D.	11701 Living	ston Rd.#10	L Ft.Wa	ashing	ton, N	Id.
		URIAL, CREMATION, REMOV			EMETERY OR CREMATORY	23d LOCATION				
	(:	Burial	4/16/8	35 Arlingto	n National Ce	m. Arling	ton	Vi	rginis	<b>a</b>

6160 Oxon Hill Rd. Funeral Home Oxon Hill, Md.

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

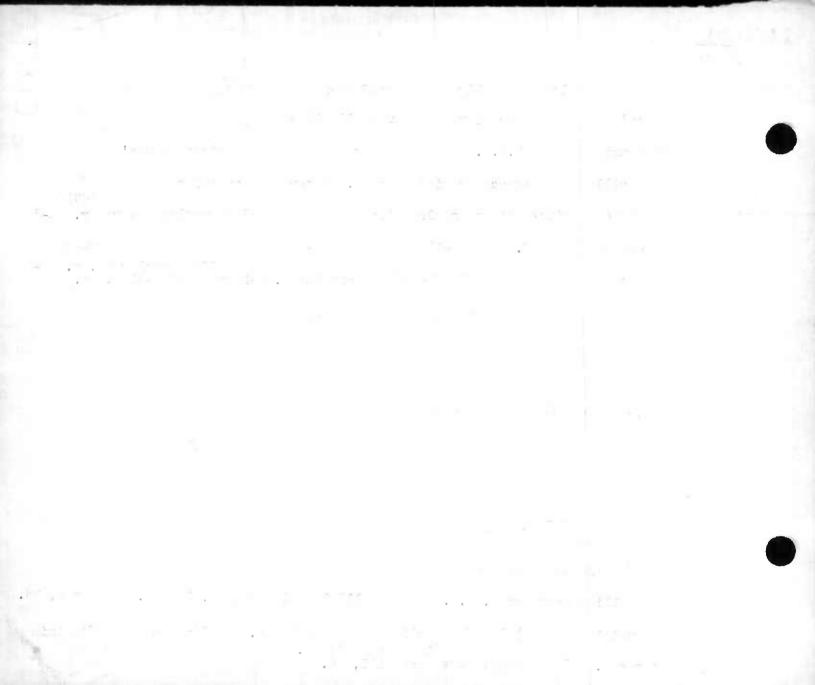
George P. Kalas

TO FUNERAL DIRECTOR. the haspital

MPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the shauld be detached for use as the burial-transit permit. Then please remaye carbangape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal.

(VRA 15, 4)

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## 1 - STATE

## STATE OF MARYLAND

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		REGISTRAR		CEI	KIIII	CATE OF DEATH	RE	G. NO.		
		CEASED NAME FIRST OR PRINT) DELIA	Ar		onia	telli NATECCT	2a DATE OF DEA	TH MONTH D.	-85	12 3 4 M
	3 SE	x emale	White		ATE O		6 AGE (IN YEARS LA		FUNDER I YEAR	HOURS MIN.
7	Ne	RTHPLACE (STATE OR FOREIGN COUNTRY)  EW Jersey	U.S.	A. WID	OWE		PRINC	TY OR COUNTY	OF DEATH	S MD
0	He	1ATTSVICE	HIEG ASU	HOSPITAL, NURSING HO	15)/1	AND R	TYPE OF WORK FOR M House	NOST OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY Pr.		GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Cheverly		YES 🔀 NO 🗌		Lake	20785) Avenu	.e
0	I4 FA	THER'S NAME FIRST William	MIDDLE	Gagne		15. MOTHER'S MAIDEN NAM	MIDE	P	oirio	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	220-48-86		Mildred R.	Henry	PD作45-Li Westbu		
	NO	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT (	D BY:  E CAUSE (a)  DUE TO, O  (b)  DUE TO, O  (c)	Cardiac  R AS A CONSEQUENCE  Arterios  R AS A CONSEQUENCE	OF <b>1e</b>	rotic heart			Imme	mate interval onser and pearth odiate
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPER	MOITA	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
7	MEDICAL CER	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 71d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  72g. I certify that (I) (this haspus saw the deceased allive agents.	71e PLACE (AT HOME STI	M. MONTH DAY Y M. OF INJURY REET, FACTORY, OFFICE, FARM, ET LE deceased from 128 26 1985	19 ()	211 LOCATION STREET  15 19 79 d that in (my) (aur) opinion of	city	ORTOWN	COUNTY	STATE that (I) (we) lost
1	/	abave, (1) (we) (d.d.) file of 1775 515 115 115 115 115 115 115 115 11	fluc the bady	alter death.	D	ATTENDING PHYSICIAN 720. ADDRESS	MEDICAL DIRECTOR   PH	STAFF HYSICIAN _	4-26	SIGNED - 1985

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR.

230 BURIAL, CREMATION, REMOVAL BURIAL

23b. DATE 4-29-1985

Nalley's F.H.Inc. Mt. Rathier, Md.

731. NAME OF CEMETERY OR CREMATORY LongIsland Nat'1. Pinelawn Suffolk

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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r.D.	-	I PA	_	_	-										-

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10	1.	FOR STATE REGISTRAR		DEP	STATE OF MA ARTMENT OF HEALTH A CERTIFICATE	ND MENTAL PY	GIENE REG.	2 2	4 5	
07122		CEASED NAME	EVERET	T B	DOWNS	7	APRIL 10,		YEAR	2ь нойг 7:57A
ge 4 may ector, po	1.58	hale	4	white	5. DATE OF BIRTH	AY 1930	6 AGE (INYEARS LAST	BIRTHDAY) IF I	INDER I YEAR	IF UNDER 24 HR
2 to 35	TE BI	RTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF WHAT COUNT	RY? 8 MARRIED NE WIDOWED	VER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	٨
other d	M CI	TY OR TOWN OF	DEATH I	1, NAME OF HOSPITAL, NU	IREET ADDRESS)	Greet Ceuk	170 USUAL OCCUPA LINES OF WORK FOR MOS		IZI KINDO INDUSTRY	F BUSINESS C
A Paris		TATE	HIS GOUNT	HER INSTITUTION, GIVE RESIDENCE R		DE CITY LIMITS?	STREET ADDRESS	S / ZIP CODE	20	754
and setting	11.17	EVECE	H B	DOW	05 E	HER'S MAIDEN NA	NORMA	N	ĮAS	ī
or every		VAS DECEASED EN		WAR OR DATES)		ca Do	, , , , ,		Has	13
physics an poperi emoval.			ATH (Enter anly WAS CAUSED IMMEDIATE		pulmonary	arrest	NARY ARRES	T	APPROXI BETWEEN	MATÉ INTERVAL ONSET AND DEATI
death ce attending ove carb fron. or r		Conditions, if a		DUE TO, OR AS A CONSI	le GI ble	TIPLE GI				
that the tay the sale remain of, cremain		gave rise to cause (a), st underlying co	oting the	DUE TO, OR AS A CONSI	liver cirr		CIRRHOSIS			
requires Then plans injury, o	NOI	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERA	MINAL DISEASE OR CO	INDITION GIVEN	IN PART To	3
The law can. to permit glene prio	CERTIFICATION	19a DATE OF OPE	RATION	196 CONDITION FOR WE	HICH OPERATION WAS P	ERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	G CAUSES	
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other that the that out the but th and M	MEDICAL	216 INJURY OCC	URRED T WHILE WORK	THE PLACE OF INJURY (AT HOME STREET, FACTORY OF		CATION	CHY OR	TOWN	COUNTY	STATE
ATTENDIA sprint or CTOR, A of Heath		sow the deci	eased olive an _	ol) offended the deceased fr	na prince		deoth occurred on the		nd from the	
TAL OR.	-	KU	sell a	U. Eggif	DEGREE		MEDICAL ST	TAFF SICIAN [	224. DATE	SIGNED
O POSPITAL Plunked by t TO Funderal Powild be det with the Store		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)	22e. AD	DRESS				
Bb Ears	23a E	URIAL, CREMATIC	ON, REMOVAL		234 NAME OF CEMETERY		236 LOCATION CITY OR TOWN	oloma I	SC 1	nn STATE

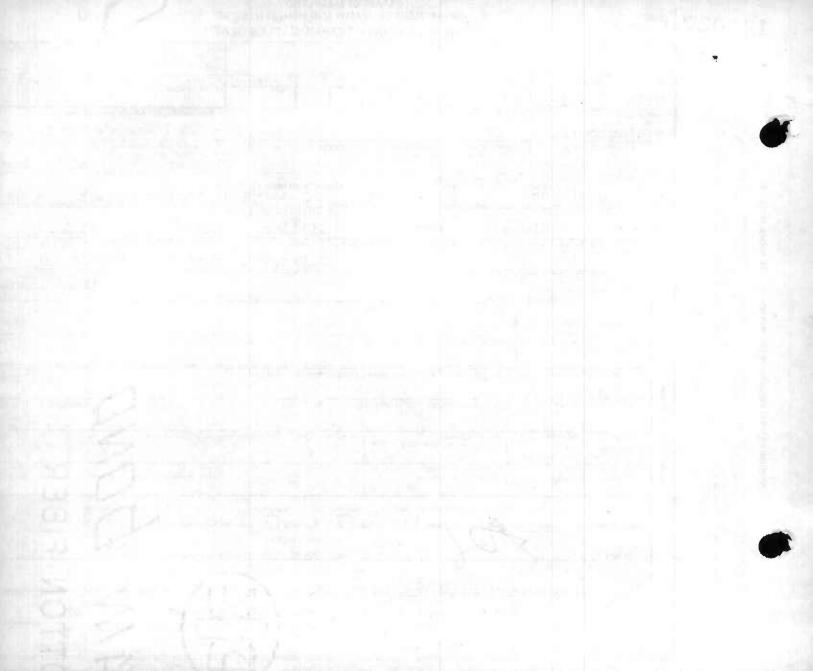
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APR 1 5 1985



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	127027	11-	FOR STATE REGISTRAR					AND MENTAL		En &	3 0		
		1. DE	CEASED NAME	FIRST	1416	MIDDLE		LAST		REG. NO.	TH DAY YEAR	26 HOUR	
	Mark of Mark	{TYP	E OR PRINT)	Thomas	C	Fugoro		K11K17	OF DEATH	NOWN MONI	1 37/1005		
	A SEE SEE	3. SEX	( 4	1. RACE	5. DATE OF BIRTH	Eugene 6. AGE		rury NDER TYR. IF UNDE		MONT	17/1985 H DAY YEAR	2d HOUR	
a	ZZZEE Z		ale	White	12 7	YEAR LAST B	RTHDAY) MON		MIN. PRONOUN	CED	177/205	24 HOUR 7:24 P	
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	The state of				IL NAME OF HO	SPITAL, NURSING H	OME, OR OT		12a USUAL OCCUP.	ATION (TYPE OF WOR	K 12b. KIND OF BL	12b. KIND OF BUSINESS	
	E SHE N	D	istrict	Heights 611		HFACILITY, GIVE STREET ADDRESS)  Marlboro Pike			Plumbe	Plumber		OR INDUSTRY SelfEmploy	
	Z	USUA	AL RESIDENCE (1	IF IN NURSING HOME O	R OTHER INSTITUTION, G	IVE RESIDENCE BEFORE AD	MISSION)	1			18/1/11	10,	
	ANY ANY PRICE	130. S	ryland	PG		Dist. Hgts.		13d INSIDE CITY LIMITS?	13e STREET ADDRES	01 Foster Stree		t	
	MD. H. 2. 2. 4. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	MI	DDLE	LAST		
	A PARA PROU	TI	homas	El	wood	Drury		Lillian			Blake		
	IIMO		VAS DECEASED	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT			ringdale		
	SALTIMORE, SAFER DEA GIVE PACES TITH FORM PI PACES TANK (VISION OF V							Jeffrey	A Drury	Foresty	ville MI	)	
	T. B. W.			DEATH (Enter onl		e for (a), (b), ond (c)	)				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH	
	SN S HE H		T ANTI DE A	IMMEDIAT	TE CAUSE (a)			c Cardiova	scular Dis	ease			
	W. PRESTON  WITHIN 24 H PENCIL IN ITEM MINER ALON  - TRANSIT FER ENTAL HYGEN  OR REMOVAL		Caldition	. 16kiak	DUE TO, OF	R AS A CONSEQUE	ICE OF						
	VITHIN VITHIN NER A SANSIT TAL HY		gove rise	s, if ony, which e to immediate	(b)								
	WEN THE WENT TO THE MEN THE M		lying cause	stoting the <u>under</u> - e lost.	DUE TO, OF	R AS A CONSEQUEN	ICE OF						
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	RECORDS, 201 W. D BE EXECUTED W. PENDING" IN PEN AMEDICAL EXAM, A SA BURIAL - IN EALTH AND MEN CREMATION, OR	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).										
	L RECORI ULD BE EX "PENDIN FF MEDIC FD AS A B HEALTH /	18	CHYONIC ATOCHO TSM:  196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  10 AUTOPSY?										
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	F VITA  TE SHO WORD WORD TE CHIE TO BE US BUT OF	E	21g. EXTERNAL	L CAUSE WAS	21b. TIME O	FINJURY	[2]c F	OW INJURY OCCURE	RED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	YES VE	NO 🗌	
	DIVISION OF VITAL RECORDS, 201 W. THIS CERTIFICATE SHOULD BE EXECUTED W. WARDED TO THE WORD "PENDING" IN PEN MARDED TO THE CHIEF MEDICAL EXAMI PAGE 3 SHOULD BE USED AS A BURIAL—IR ARTE DEPARTMENT OF HEALTH AND MENT 21201 PRIOR TO BURIAL, CREMATION, OR		UNDERLYING	OR IG CAUSE OF D			YEAR		(1)		-		
	ISIO TO	MEDICAL	21d. INJURY O		21e PLACE	OF INJURY (AT HO)		CATION	•				
	DIVISION NECERITARIA SERVICE S	×	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OR TOW	N	COUNTY	STATE	
	W = 0 .				e of the remains do	scribad above held	- Auto	osy Inspecti	an , Inquiry	and in m	Table		
	EXAMINER: CERTIFICATE OUD BE FOR: I, WITH THE S MARYLAND,		22a   Certify that I took charge of the remains described above, held on Autopsy M. Inspection   Inquiry   , and in my apinion death resulted fram: Natural course M. Accident   Suicide   , Hamicide   , Undetermined monner   ,										
4	SERTIFIED B	-	dedii resuire		11)	/	001000	TITLE (SPECIFY)	3113 616 11111113				
-	A COULT		ACTUAL SIGNATURE_		XX	(		,	nt_ MEDICAL EXAM	DAT NER SIG	TE 4/18/8	85	
	ORE SET SET	1	0.435			0			MEDICAL EXAM	3,0			
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		EXAMINER'S N	T) GI	regory R.	Kauffmah	, M.D.	ADDRESS	111 Penn	St.			
	5 <u>8</u> 45 <u>8</u> 48	236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE											
	BP	Burial 4/22/85 Trinity Mem. Gardens Waldorf  24 FUNERAL DIRECTOR  NAME  ADDRESS Suitland Marylan (150 DATE REC'D. BY REGISTRAR'S S							Md				
	DHMH - 17		NAME		ADDRESS			yland DATE	- 1005	II a seed	Aug .		
	(VR A15 ME (5))	Rol	pert E	. Wilhe	Im Fune	ral Home	2	IAPR	3 0 1985	Furia David	son-Randal	4	



STATE OF MARYLAND

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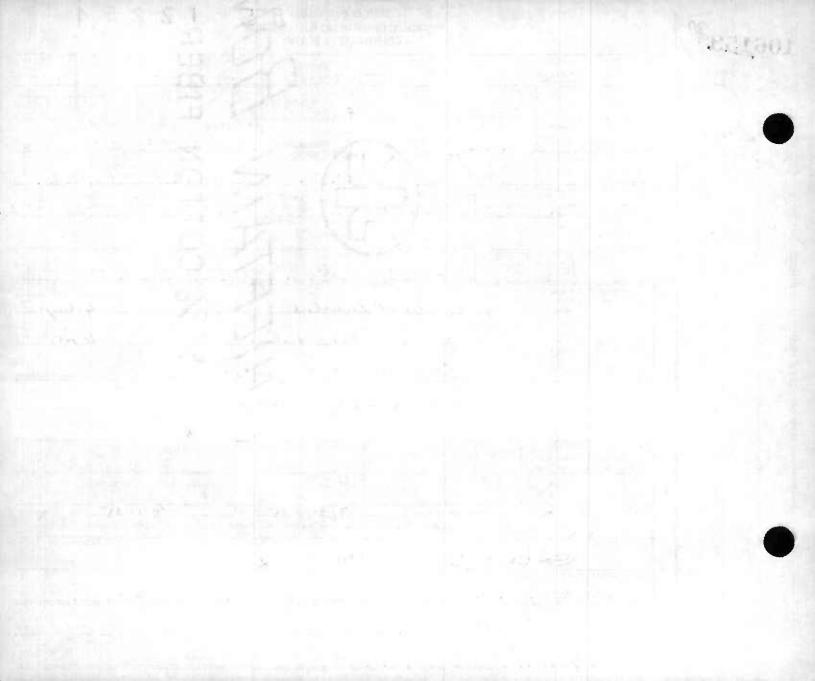
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 105040 - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME LAST 20 DATE OF DEATH 75 HOUR (TYPE OR PRINT) Robert Burns Duncan March 31. 1985 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5 DATE OF BIRTH DAYS MONTH 05 Male Black . BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's U.S.A. Washington, D.C. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Doctor's Hospital of Federal Govt. Lanham DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) P.G. 134 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD 10004 Buena Vista Avenue 20706 Lanham 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ella Robert Duncan Adams G. 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 10004 Buena (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Avenue 578-05-5308 Gussie L. Duncan Lanham, MD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for io), ib , and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISE ASE OR CONDITION GIVEN IN PART CERTIFICATION HA IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ! NOT THE RECEDENT WAS UNDERLYING TIL TIME OF INJURY THE HOW INJURY OCCURRED (INTERNATURE OF MILLER IN TERM 18, PART I GREART VI 60 HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH ( IF RITHER, NOT BY MEDIC ALL EXAMINER) P.M 714 INJURY OCCURRED THE PLACE OF INJURY TH LOCATION CITY ON YOU'VE COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) DTATE HO! WHILE 270.1 certify that (II (this haspital) attended the decydised by and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the decrased alive on\_ DEGREE 17% SKGNLATURE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN [ uld be det h the State ZZe ADDRESS 0 736 BURIAL CREMATION 731 NAME OF CEMETERY OR CREMATORY MOVAL 73b. Buria Lincoln Memorial Suitland Prince George's MD ROLLINS FUNERAL HOME, INC. 73e. DATE REC'D. BY REGISTRARIZSI. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 4339 HUNT PLACE, N.E. (VR A 15 (4))

WASHINGTON, D.C. 20019



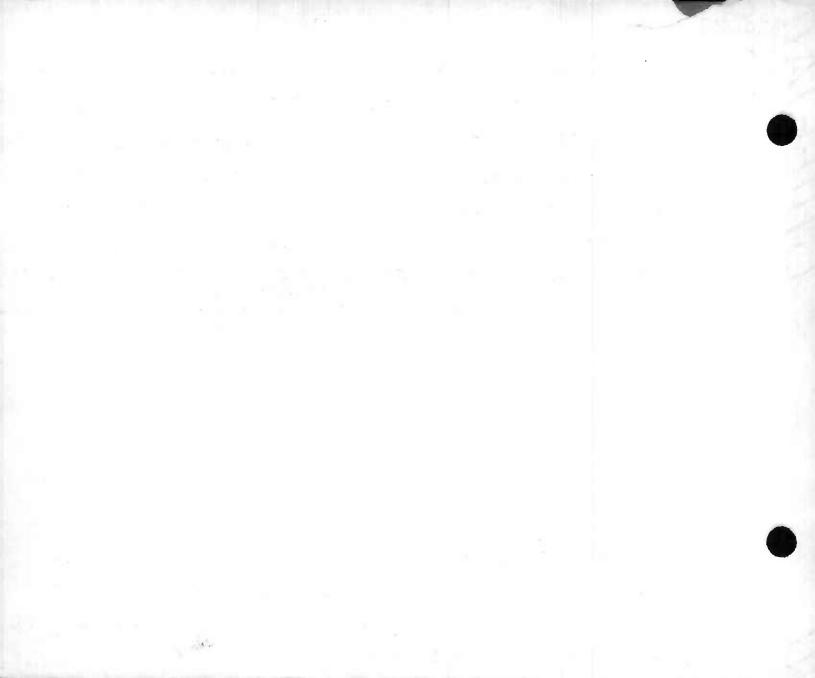
500 UNIV. BLVD. W. SILVER SPRING MD. 20901

(VRA 15, 4)



J.B. JENKINS F.H.

(VRA 15, 4)



FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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PEG NO

oso		REGISTRAR					ICATE OF DEATH	REG.					
		CEASED NAME OR PRINT)	HA		ELLIS		AST	20. DATE OF DEATH	MONTH 04	05	YEAR 85	26 HOU	OOAM
7	S. SE	ale		White		5. DATE O	DF BIRTH YEAR YEAR	6 AGE (IN YEARS LAST)	BIRTHDAY)	IF UNDE	R I YEAR	IF UNDER	MIN.
12)		RIHPLACE (STATE OR FI	DREIGN	U.S.	what country? A.	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY PRINCE G	OR COUNT			Y	MD
74		TY OR TOWN OF DEA HEVERLY	ТН	LIE NOT IN SUC	HEACILITY GIVE STREET	ADDRESS)	ICAL CENTER	120 USUAL OCCUPA (TYPE OF WORK FOR MOS)	T OF WORKING	LIFE) IND	DUSTRY	F BUSINE	
	130. S Ma	ryland	P.G.		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Hyattsv	/N	13d. INSIDE CITY LIMITS? YES 🙀 NO 🗌	13e.STREET ADDRESS	5 / ZIP CO	DE			
64		oseph	E11 <sup>^</sup>	ADDLE 1S	LAST		Ina FIRST	ME			le LAST		
/	Ye	AS DECEASED EVER		AED FORCES?  YAR OR DATES)	313 10 2		17. INFORMANT Evelyn M. Ell	is Hyattsy					
	NO	Conditions, if any, gave rise to imm cause (a), stating underlying cause  PART 2. OTHER SIGN  Deach	ediate the lost.	DUE TO, OF	R AS A CONSEOUR  R AS A CONSEOUR  STORE OF THE PROPERTY OF THE	ble pence of	Pickney ent. Parcenna Of NOT RELATED TO THE TERM	prostati	of pro	elon IVEN IN I	PART Ira	3	
, in a	CERTIFICATION	190 DATE OF OPERAT	35-	196 CONDI Pro	TION FOR WHICH Estate FINJURY	hyp	N WAS PERFORMED  I 21c. HOW INJURY OCCURR	200 AUTOPSY?  YES NO P	IN CERT	IFYING (	CAUSES	IGS USEL OF DEAT	TH?
+/1	MEDICAL	OR CONTRIBUTING AND (IF EITHER NOTIFY MEDIC 21d, INJURY OCCURR WHILE NOT WHILE AT WORK AT WORK	ED	P./ 21e. PLACE O		19	ŽII. LOCATION STREET	CITY OR			UNIY	5	STATE
ет 21 із та		220.   certify that (I) saw the decease above, (I) (we) (d	d alive an	935/	m 4/5/19 8	3/-	d that in (my) (aur) apinian o	death occurred on the	date and ho		am the c		we) last ated
MPORTANT: # #		22d. PHYSICIAN'S NA	/	print)	alls	200	ATTENDING PHYSICIAN [7] 220 ADDRESS 7500 Hand	DIRECTOR   PHYS					2 fm
<u>₹</u>	230. B	URIAL, CREMATION, P SPECIFY) Urial		23b. DATE 4/9/85	23 ε. 1		EMETERY OR CREMATORY	236 LOCATION		P.		5	STATE MC

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

14 FUNERAL DIRECTOR Francis Gasch's Sons Funeral Home P.A. 4739 Baltimore Ave Hyattsville, Md.

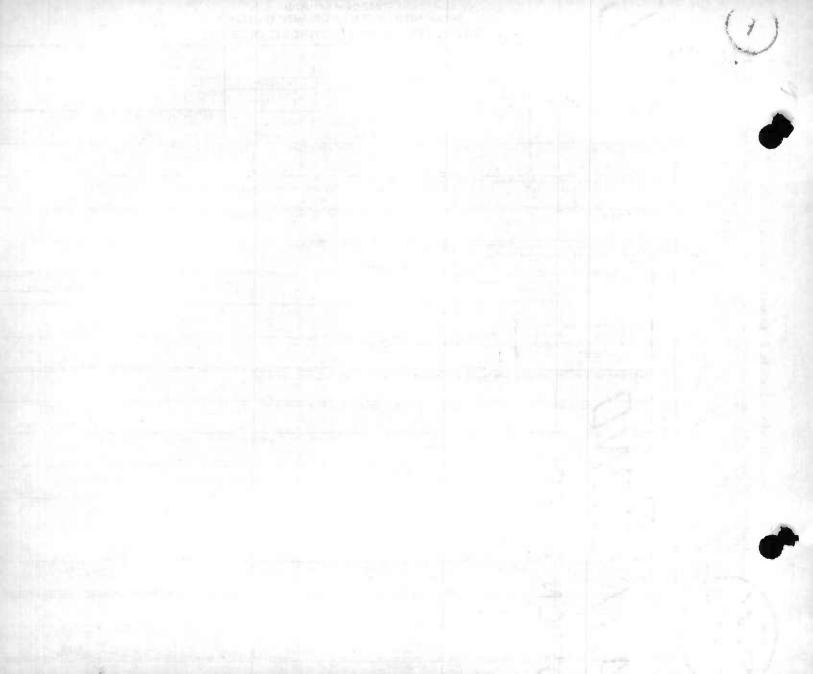
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		ale	White	MONTH 11	10	YEAR 44	LAST BIRTHI			HOURS	MIN.	PRONOUNC	ED		4/11/	1985	34 HOL B: 42
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	10. CI	ortowno Belts		(IF NOT I	IN SUCH FAC	ILITY, GIVE ST	RSING HOM TREET ADDRESS)	)	HER INSTITU	TION		AL OCCUPA AOST OF WORKE	ATION (TYPE	E OF WOR	K 12b KIN		SINESS
	USUA 13a. S1	L RESIDENCE (I L'ATE	FIN NURSING HOM		TUTION, GIVI		OR TOWN	SION)	134. INSIDE C	ITY LIMITS?	13e STRI	EET ADDRES	S		Č	00	00
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		18 CAUSE OF	DEATH (Enter of	only one cause	e per line f	for (a), (b)	, and (c).)								BETW	PROXIMATE	INTERVAL
-		cause (o) s		- 1000	10, OK 2	45 A CON	ISEQUENCE	OF									
	NO	lying cous		(0	5)				SE OR CONDITID	N GIVEN IN PA	RT 1 a					====	
_	ATION	lying cous	e last. Nificant condition	(contributing	TO DEATH B	UT NDT RELA	TED TO THE TER	RMINAL DISEA	SE OR CONDITION		RT 1 (a).			-	20 A	UTOPSY?	,
	TIPCATION	lying coust PART 2 OTHER SIGN 190. DATE OF C	e lost. Nificant condition OPERATION	(contributing	TO DEATH B	UT NDT RELA	TED TO THE TER	RMINAL DISEA			RT 1 (a)					-	NO [
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGRENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO LAST 20 DATE OF DEATH 25 HOUR DECEASED NAME TYPE OR PRINTS LAWRENCE **ENGLEMAN** 04 85 9;20Am Wilbur 01 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 4. RACE 1 SEX Male White July 1909 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED PRINCE GEORGES DIVORCED Maryland WIDOWED 126 KIND OF BUSINESS OF NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE PRINCE GEORGES GENERAL HOSPITAL CHEVERLY Self Employed Optician USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
136 COUNTY
137. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 7623 Finns Lane 20706 Prince George Tanham Marvland 15 MOTHER'S MAIDEN NAME I FATHER'S NAME LAST MIDDLE MIDDLE Connolly May Engleman David ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT 1985, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 578-26-0687 No Engleman. Same as item 13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a senes Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 206 IF YES, WERE FINDINGS USED 200 AUTOPSY 19h CONDITION FOR WHICH OPERATION WAS DERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21L LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE, FARM ETC ) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinion death accurred on the date and have and from the causes stated saw the deceased alme-ac neave, (1) (we) (did) (did not) view the bady after death 771 BIGNATURE DEGREE

23a. BURIAL CREMATION, REMOVAL (SPECIFY)

22e. ADDRESS

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

Brentwood, Maryland.

23b. DATE

Burial

A. PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

DHMH - 16 60M 7/84 (VRA 15. 4)

14 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. Wash., D.C.

STAFF

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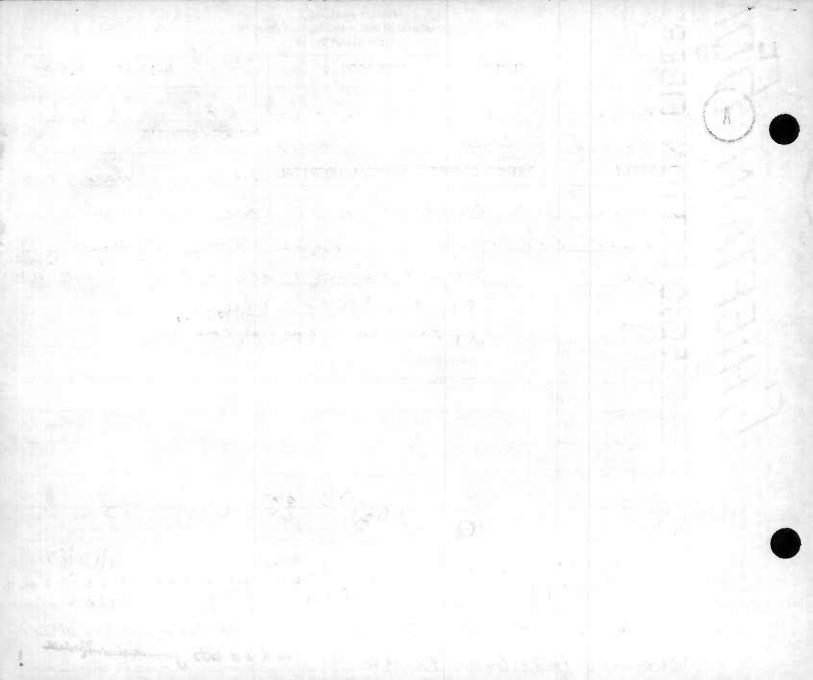
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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070	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	MENE PREG. N	4 4 5	A
1		CEASED NAME FIRST OR PRINT)	ELMIRA	EPPERSON	20 DATE OF DEATH	4-10-85 YEAR	26 HOUR 4.30PM
1	1. SE)	EMALE	BLACK	5. DATE OF BIRTH  MONTH  DAY  YEAR  20  20	6. AGE (IN YEARS LAST BI	RIHDAY) IF UNDER I YEAR MONTHS BATS	IF UNDER 24 HRS HOURS MIN.
<i>D</i> 3		RTHPLACE   STATE OR FOREIGN   COUNTRY)	76 CITIZEN OF WHAT COUN		PRINCE GET	ORGE S	M
# 74	10 CI	TY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) DIETICIT	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
complaintly filled in it i and 2 shault be common must be	14 FA	ARYLAND T THER'S NAME FIRST	ITY Seat F	Pasant YES NO 15 MOTHER'S MAIDEN NA	13e.STREET ADDRESS 5/4-68 AME ADDRESS AME ADDRESS	BANK	5
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by the attending the remove sorts (, cremation, or r other troumatic	1314	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS  DUE TO, OR AS A CONS	PASTATIC (O	can CA	NCEZ	
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hin been signed r permit. Then place ene prior to burial does any mistry, or	TIFICATION	PART 2 OTHER SIGNIFICANT C		G TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND!IN CERTIFYING CAUSES	NGS USED
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ERAL DIRECTOR, After the selection of detection of the State Dept. at Health and AMT. If hem. 21 is marked.	100	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (HE EITHER NOTHY MEDICAL EXAMINER LAT WORK NOT WHILE AT WORK CErtify that (1) (this hospit) with the deceosed alive an above, (1) (welldid) (did not obove, (	19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	HICH OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21f. LOCATION FFICE, FARM, ETC.)  70m 70m 719 710m 710m 710m 710m 710m 710m 710m 710m	200 AUTOPSY?  YES NO CITY OR TO	20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES	NGS USED OF DEATH? NO  STATE  that (I) (we) lost couses stated
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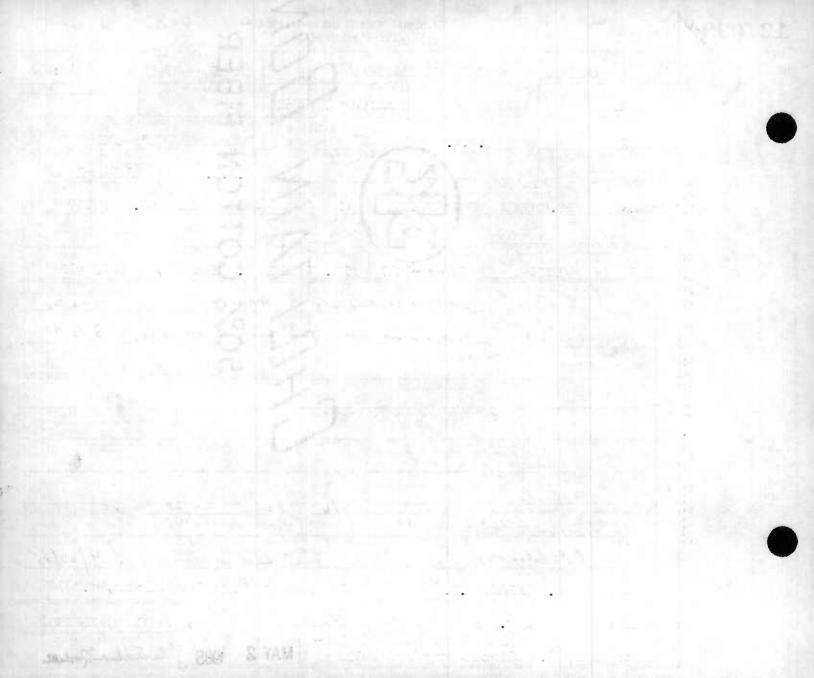
STATE OF MARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
MAY 2 1985

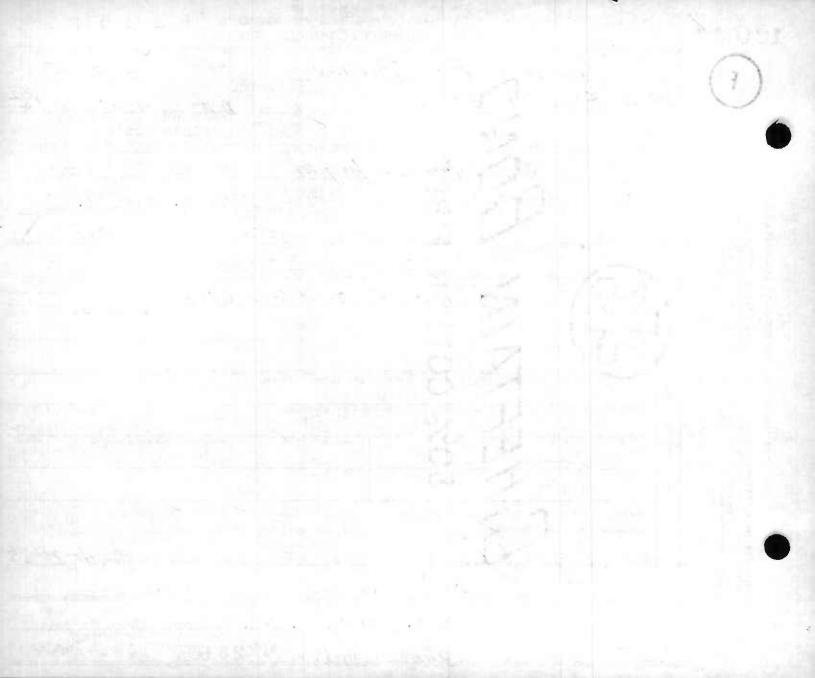
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à 61 c		CEASED NAME FIRST CHARLE	S EU	GENE I	THER	ron	APRIL 27,1985		10:27A
ge 4 moy	3. SE	MALE	4 RACE WHITE		5. DATE O	nber°28,1942	42 YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
nerol direction		RTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	8. MARRIE WIDOW!	DXXNEVER MARRIED	PRINCE GEORGE"S		Y M
by the further desired with		TY OR TOWN OF DEATH  ORESTVILLE	(IF NOT IN SI	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET SUIT ROAD		dr other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) C.P.A. Se.	126 KIND O INDUSTRY If Emp	F BUSINESS O
Tilled in nould be a	13a S	AL RESIDENCE (IF NURSING HOME) THE RYLAND PR.	E OR OTHER INSTITUTION OF THE CONTY	IN GIVE RESIDENCE BEFORE  13t. CITY OR TOW  FORESTVI	N	13d. INSIDE CITY LIMITS? YESX NO [	13e.STREET ADDRESS / ZIP CODE 4020 Suit Road.	207	47
ompletely and 2 spanning 2 spanni		THER'S NAME FIRST  ROSCOE	MIDDLE ETHERTON			15. MOTHER'S MAIDEN NA/ FIRST	BENJAM	IN LAS	Ī
on execut on and co modical			ARMED FORCES? GIVE WAR OR DATES) TNAM	337-36-		MRS. VALERII	ADDRESS E L. ETHERTON, SA		#13
s that the death certificate be executed by the ottending physician or please remove carbon papers. Paginal, cremation, or removal, or other troumatic event, the macrother troumatic event to the macrother troumatic event to the ev		Canditians, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO,  DUE TO,  (b)  DUE TO,  (c)	OR AS A CONSEQUI	ENCE OF	OF The h	traest	3 /	12 Mos.
n. no been signee permit. Then pf permit in bury, or	CERTIFICATION	PART 2 OTHER SIGNIFICAT				NOT RELATED TO THE TERM		WERE FINDIN	NGS USED
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ING PHY ar offer this cos the b th ond m rocked c	MED	WHILE NOT WHILE AT WORK	(AT HOME	STREET, FACTORY, OFFICE F	ARM, ETC )	STREET STREET	CITY OR TOWN	COUNTY	state that (I) (we) lo
OR ATTENDING PH he hospital or ottend bleECTOR. After the locked for use os the k. Dept. of Health and I is marked of them 21 is marked of RET. R.ASED		22a. I certify that (1) (this h sow the deceased alive above, (1) (we) (did) (die 22b. SIGNATURE	an 41	2 7 19 dy after death.	85,0	nd that in (my) (our) opinion DEGREE	death occurred on the date and hour		causes stated
TO HOSPITAL retoined by the TO FUNERAL should be detained with the Store IMPORTANT:		22d. PHYSICIAN'S NAME (T	PE OR PRINT)			22e ADDRESS	a St, Marlow Heigh	its,Md.	20748
01 of 01 sty W.	23a	BURIAL, CREMATION, REMO				TA CEMETERY	SPARTA, RANDOI	PH. II	LINOÏS

UNERAL DIRECTOR LEE FUNERAL HOME, 6633 Old Alex-ander Ferry Rd., Clinton, Maryland 20735

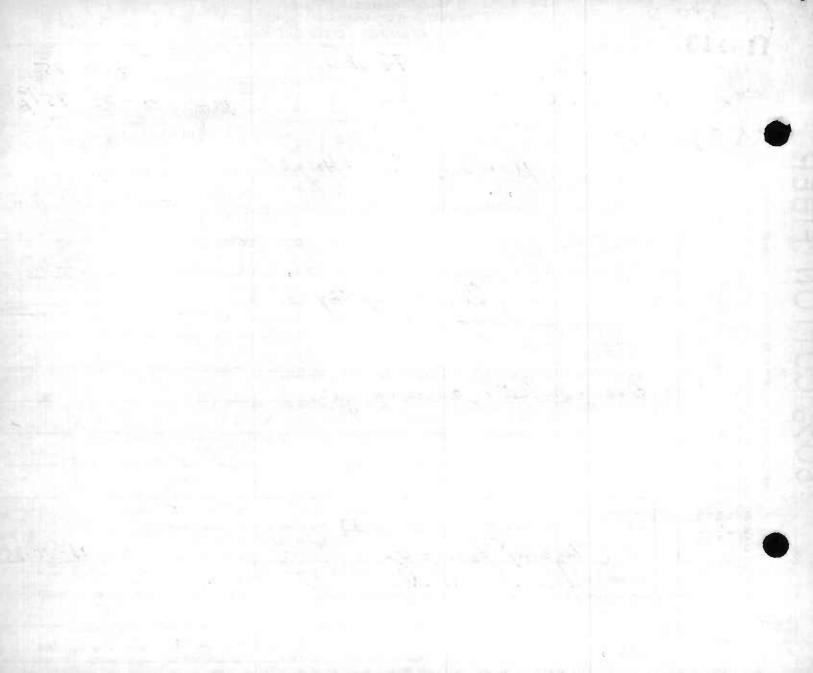
DHMH - 16 60M 7/84 (VRA 15, 4)



12104	1-	FOR STATE	DEPARTMENT OF HE	ALTH AND MENTACH	EDEATH "	6 1
TWIOT		REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	20 DATE KNOWN A MON	TH DAY YEAR 75 HOUR
2 3 5 B		GEOYG		rmer	DEATH MATED 4	-20 1985 M
THE STATE OF THE S	3. SE	Tale Glack	5. DATE OF BIRTH NONTH DAY 7/ 23/ 1914 70/rs.	MONTHS DAYS HOURS	AHRS. 20 DATE MON PRONOUNCED	TH DAY YEAR 24 HOUR
NECESSA FUNERAL 5 FOR WITHIN W PREST	7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY) aryland	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	Prince Geo	UNTY OF DEATH
Y IS	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, O		120. USUAL OCCUPATION (TYPE OF WO	OR INDUSTRY
DEL STOP STOP STOP STOP STOP STOP STOP STOP	USU.		ROTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)	MISTIFE	Laborer	Farming
D. 21201 IF ANY DELA 2, AND 3 TO 1 3. RETAIN PA 3. RETAIN PA 3. RETAIN PA 3. RECORDS,	M	aryland Prin	ce Geo's Aquasco	13d. INSIDE CITY LIMITS? YES A NO	15604 Dr. Bowe:	n Rd.
ORE, MD. DEATH. IF GES 1, 2, MM PM 3. AND 2 SI	INLE	ATHER'S NAME FIRST Samuel	MIDDLE LAST	15 MOTHER'S MAIDE	AMIDDLE	delen
URS AFTER DEATH URS AFTER DEATH WITH FORM PM IT PAGES I AND 2 DIVISION OF VIE	160	WAS DECEASED EVER IN U.S. AR	WAR OR DATES)	O. 17. INFORMANT	rmer SAA	
ON ST., BAL 24 HOURS A ITEM 18. GIV CONG WITT PAC GIENE, DIVIS		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE			ordiovenular	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON SI IIN 24 HO IN ITEM I A ALONG ISIT PERM HYGIENE MOVAL.		IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF	2 (324) 2	du	case
201 W. PRE UTED WITHI IN PENCIL I EXAMPLE I EX	В	gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)			
SS, 20) ECUTE G" IN AL EX AND A AND A ATION		A	(c)CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE THE COMPUTATION CIVEN IN DARRE		
RECORDS, D BE EXECTENDING: AND MEDICAL AS A BUIS REALTH AN CREMATI	NOI		TO OCHIN DOI NOT RECEILE TO THE TERMINAL	OUSCASE OR COMMITTED DIFFER IN PAR	110	
VITAL RESHOULD ORD "PE CHEF A TOF HEL URBIAL, CURING A LORD A LOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED?		20 AUTOPSY?
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN 1EAN 18. GIVE PAGES 1, 2, AND: REDEATED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD E DEPARTIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALRECO TO PRIORY TO BURIAL, CREMATION, OR REMOVAL.		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		TI. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	
	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  AT WORK		11 LOCATION STREET	CITY OF TOWN	COUNTY STATE
NER: THI ICATE, W FORWA TOR: PAG THE STA'				Autapsy . Inspection		y apınıan
AEDICAL EXAMINER: T RECUTE THE CERTIFICATE, AGE 4 SHOULD BE FORM D FUNERAL DIRECTOR: P FIRE DEATH, WITH THE ST ATTIMOP,		death resulted fram. Natur	ral causes ( , Accident  , Suicidi	TITLE (SPECIFY)	Undetermined manner,	1/ 20 00
DICAL FE THE SHOWERAL NORE, I		SIGNATURE	a flooring	M.D. Deputy	MEDICAL EXAMINER SK	SNED 4 - 30-80
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	Augusto P. Wodriguez, M.D		5009 Rayburn Ct., Tem	ple Hills, Md
07/84 BP	230.8	URIAL, CREMATION, REMOVAL 2 SPECIFY) Burial	11 / 00 / 01	er's Ch. Ce		STATE
25M DHMH - 17		UNERAL DIRECTOR	ADDRESS	V	R 2 6 1985	
(VR A15 ME (5))	11/1	STULL GOO	no woudked	11) (1)	CO 1900	I differ and a second



28	1-	FOR STATE REGISTRAR	MI	DEPARTMENT OF HEA EDICAL EXAMINER		9 Gap	2 6 2
114113		CEASED NAME PEOR PRINT)  Pau	f	Faul	LAST	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR 4-2019 85 M
RY, PLEASE INFECTOR'S FILES. OURS STREET,	3. SE	Nale Black	5. DATE OF BIRTH	136 LAST BIDTHOAY) A	FUNDER I YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED  4	MONTH DAY YEAR 2d HOUR - 30 1985 AM
SS	FO	IRTHPLACE (STATE OR DREIGN COUNTRY). Virginia	USA	WIE	ARRIED   NEVER MARRI	ED [] Prival	COUNTY OF DEATH MD
DELAY IS	P		Binel ;	OSPITAL, NURSING HOME, OR ACILITY, GIVE STREET MORESS) LOGES (JEINEW	A Hospital	FOR MOST OF WORKING LIFE)	orker None
IF ANY CANADA	13a. S	Maryland La	nty P, G ndover	GIVE RESIDENCE BEFORE ADMISSION)  13(. CITY OR TOWN  Landover	13d Inside City Limits? YES X NO	13. STREET ADDRESS 20, 4092 Warner	794 Maryland
CORE, MD. CDEATH. IF AGES 1, 2, AGES 1, 2, AND 2 SI OF VITAL		ather's name Pool Gray	WIDDLE	LAST	15. MOTHER'S MAIDE	MIDDLE	LAST
BAETIMORE, IRS AFTER DEAT S. GIVE PAGES WITH FORM PI PAGES I AND DIVISION OF W	()	Yes 2	E WAR OR DATES)	Unknown		acille Grav 1	231 44 Pl SR
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDI	ED BY: ATE CAUSE (0)	ardiomyppe	ethy		'APPROXIMATE INTENAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST., UTED WITHIN 24 HOUF IN PENCIL IN ITEM 18. EXAMINER ALONG W IAL - TRANSIT PERMIT. O MENTAL HYGIENE, D ON. OR REMOVAL.		Conditions, if any, whice gove rise to immediate gove couse (a) stating the under this principle of the couse (a) stating the under this principle of the couse (a) the co	h e (b)	OR AS A CONSEQUENCE OF	<u> </u>		
	z	-11		N BUT NOT RELATED TO THE TERMINAL D	ISEASE DR CONDITION GIVEN IN PAI	RT 1 (g).	
FALR FOULT F	CERTIFICATION	190. DATE OF OPERATION		DITION FOR WHICH OPERATIO	WAS PERFORMED?		20 AUTOPSY?  YES □ NO #
ISION OF VII	CAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEAR	t. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PA	
- 25-062	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, 216 CTORY, FARM, ETC.)	. LOCATION STREET	CITY OR TOWN	COUNTY STATE
EXAMINER: TH CERTIFICATE, W DUID BE FORWA L DIRECTOR: PA I, WITH THE STA MARYLAND, 21;		27a. I certify: that I taak cha	rge of the remains d	escribed abave, held an A	utapsy , Inspection	Undetermined monner .	in my opinion
CAL EXAM THE CERTIF THE CERTIF SHOULD BE STATH, WITTI		ACTUAL SIGNATURE	10/9/s	Luguez	M.D. Deputy	MEDICAL EXAMINER	DATE 4-20-85
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL THE C. A	72.0	EXAMINER'S NAME ANGUST			ADDRESS	burn Ct., Temple Hi	lls, Md
07/B4 BP)	24 F	URIAL CREMATION REMOVAL Burial UNERAL DIRECTOR	27/4/198		Cemetery	23d. LOCATION CITY OR TOWN  REC'D. BY REGISTRAR 125 REGIS	COUNTY STATE
DHMH - 17 (VR A15 ME (5))	D	rudley, S Fun	Home Ind	c 1425 Maryl	and Ave API	R 2 2 1985	Lavidson-Randale



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3 I	AIP	9.32	mn.	AKI	1 0	PELI

DEPARTMENT OF HEALTH AND MENTAL HYPENE

	1-	FOR STATE REGISTRAR	DE		SEALTH AND MENTAL HY	REG. NO	2 2 t	5 3
1		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
1	(TYPE	CHARLES	н.	FLY	NN		4/8/85	4:24p.M
1	3. SEX	x	4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
		Male	Caucasian	MONT		80	YRS	DAYS HOURS MIN
4	BII	RTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COL	NTRY? 8		9 BALTIMORE CITY O		Н
2		Marvland	USA	WIDOW	D NEVER MARRIED U	PRINCE GEO	RGE'S COUN	TY MD.
7	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPATI	ON 12b. KII	ND OF BUSINESS OR
7	100	INTON	SOUTHERN MAR	YLAND HO	SPITAL CENTER	Truck dr	iver St.	
5	Ma. S	AL RESIDENCE (IF NURSING HOME OF STATE IN COURT COURT COURT)	NTY 13c. CITY C		138 INSIDE CITY LIMITS?	P. O. BOS		20695
d	-	ATHER'S NAME			15 MOTHER'S MAIDEN NA	ME	100	20053
7	)	Joseph Wil	liam Flynn	AST	Ann	Carrie	Line	Scott
1		VAS DECEASED EVER IN U.S. AS	MED FORCEST THE SOCIA	L SECURITY NO.	17. INFORMANT Son	ADDRE	6.5	pplar Hil
		O IF YES GO	220-1	01-4399	Roger Flyn	n Cli	inton. MI	20735
1		II CAUSE OF DEATH (Enter o	nly one couse pay line for ust.	to andy		1	A A A	PRO MATE INTERVAL MEEN INSET AND DEAT
		PART I DEATH WAS CAUSE IMMEDIA	TE CAUSE IN SEVE	no ke	anday 6	rious	Mer	my Mu
			DUE TO, OFFAS A COM	ISEQUENCE OF	1 1	1 () A	. 1	
		Conditions, if any, which	( 10 Der	ener	Johnson	1/true	1 Mor	rec .
		gave rise to immediate course (a), stating the underlying cause last	DUE TO OF A CON	GOVENCE OF	round	LAC		
	,	PART 2: OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE	IG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF CON	DITIONS IN IN PAI	R7 No
A .	ATTO	He DATE OF OPERATION	TVs. CONDITION FOR	WHICH ORDATIO	N WAS REPEARMEN	78s AUTOPSY7	204. PACES, WERE FI	NOINGS HEED
1	CERTIFICATION	IN DATE OF OPERATION	THE COMPTION FOR	WHICH OF ERATIO	NA WAS PERFORMED	VES NO NO	IN CERTIFYING CAL	USES OF DEATH?
1	CER	THE ACCIDENT WAS UNDERTING [	The state of the s	H DAY YEAR	214 HOW INJURY OCCUR	RED LENGTH WATURE OF MULT	NUMBER OF CREEK	(1.1)
	CAL	ON CONTRIBUTING CHICK EXAMINE	A(0)	19				
	MEDICAL	214. INJURY OCCURRED	21e. PLACE OF INJURY (A) HOME STREET FACTORY	OFFICE FARM, ETC.)	211 LOCATION	CITY OF TO	www count	TY. MAN.
1	*	AT WORK AT HIS WHULL			r. 61-		3 2 5	
		220.1 certify the (1) (1) is hosp	11 (2)		9 83 - 10	10 4	19	tho (1) we) lost
		to the deceased alive or	ot) view the body after death	19	nd that in (my) (our) apinion	death accurred on the de		1
		27h SIGNETORE	David	how	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		ATT SIGNED
		22d. PHYSICIAN'S NAME (VPE	OR PRINT	. / .	220 ADDRESS	1.000	100	2 1
1		6.191	MAZIAN	21/2	I Work	00/100	000	21.
		BURIAL, CREMATION, REMOVAI			CEMETERY OR CREMATORY	236 OCATION CITY OF TOWN	COUNTY	STATE
	24 FI	Burial	4/11/85	St. Jo	seph's Ceme	TERECO PREGISTRAR		
	ta EC	Müntt Funer	ral Home, Wa	aldorf,	MD A	PR 1 0 1985	Guila Davidson	1- Gandelle

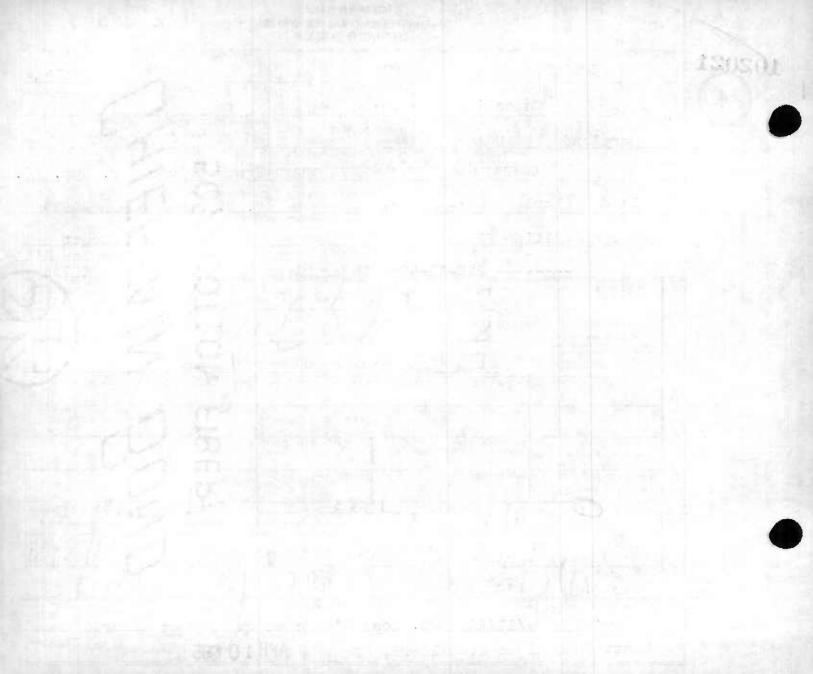
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MyPORTANT: If them 21 is marked or them 18 stows any injury, or other traumatic event, the

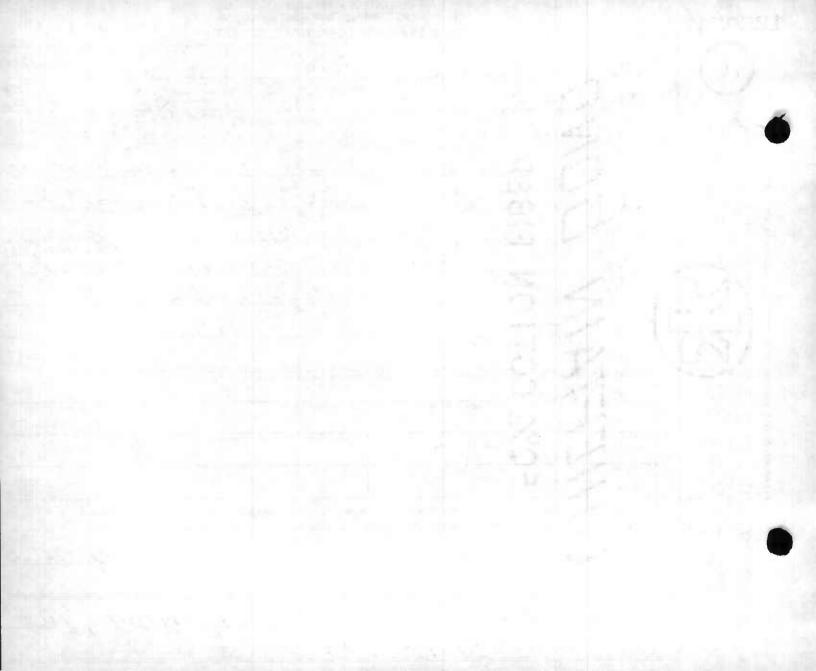
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TO HOSPITAL OR ATTENDIN

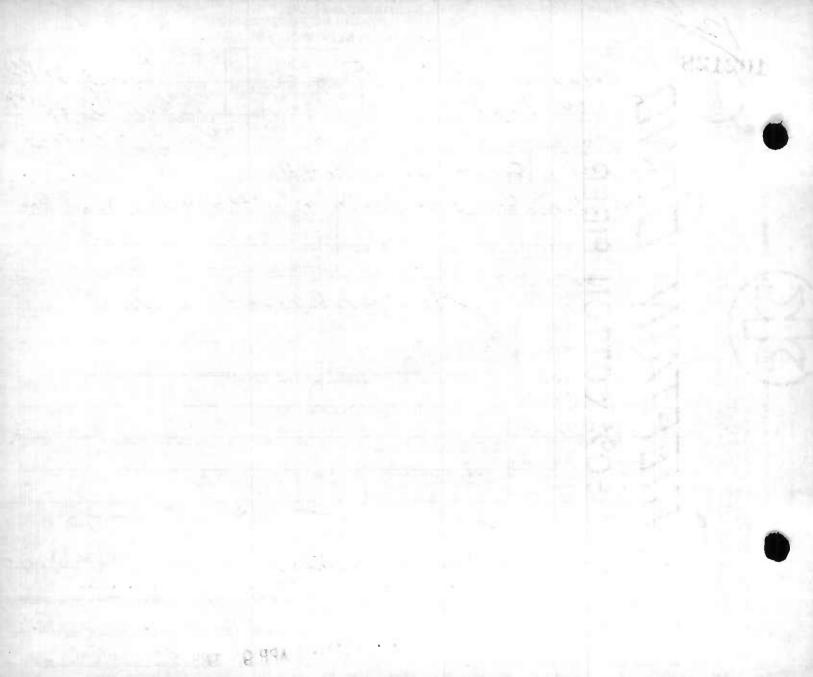
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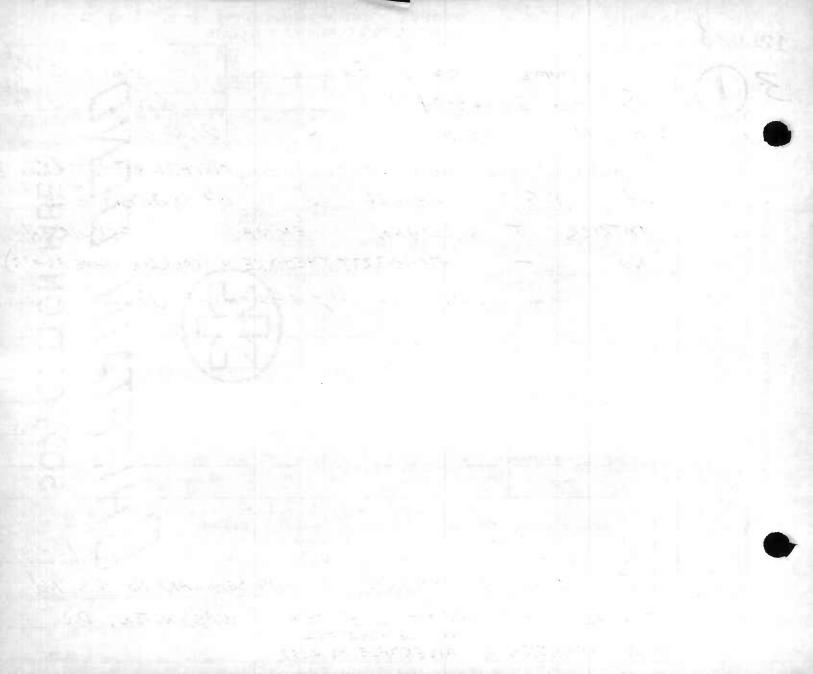
		STATE OF MARYLAND	
1230540	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 6	11
TWOODGA	11-	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	LO	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN PO MONTH DA	AY YEAR ELLIPTION
( 0 )	177	OF ESTI-	1228
(以名) (公)	_	William to Tordi DEATH MATED April	619 83 8 M
15=08	1. SE		YEAR 34 THE
ERZEZ		13/16 MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD April 2	619 AT PM
STEEL /		BIRTHPLACE (STATEOR 7) CHIZEN OF WHAT COUNTRY? IS	FDEATH
品表記音報//	F	FOREIGN COUNTRY)	n 1/2 - 12
750 × 7	10.0		MO MO
三世の日本/ つ	10 0	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120 USUAL OCCUPATION (TYPE OF WORK III)  FOR MOST OF WORKING LIFE)	CR INDUSTRY
30247	1/	Tivindale leland Man Hosa TRUCK DRIVER C	UNSTRUCTE
= 000000		JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	112
A SOUND OF	7	STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS	PRI
0 5 7 7 7	100		21
F-808/4	The	MIDDLE LAST FIRST MIDDLE	LAST
# 488 W		LACK FURD BRAZILIA B	URGOSS
MA PAA	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS MI. 1. (YES, NO, OR UNIKNOWN) (IF YES, GIVE WAR OR DATES)	CANIER MA
FATERA L		NO 249-46-53/4 ETHER MAT FORD-3103 ARUN	ne po
S ROFES	-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
P STANT		PARTIDEATH WAS CAUSED BY:	ETWEEN ONSET AND DEATH
N THE SERVICE OF THE PARTY OF T	1	IMMEDIATE CAUSE (o)	
A NATION NO.		DUE TO, OR AS A CONSEQUENCE OF	
R ESESES	1	Conditions, if any, which gave rise to immediate (b)	
> > SE N S S S S S S S S S S S S S S S S S		cause (a) stating the <u>under-</u> lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
S PARTY N	12	lying cause last.	
ANEXE B		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 105	
L RECORD ULD BE D PENDEN F MEDIC ED AS A B HEATH	z		
SAN SER	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
A HE SOUTH	43	THE CONDITION FOR WHICH OFERATION WAS PERFORMED?	AUTOPSY?
F 480 3 5 5	15	Mone	YES NO NO
HON OF VITAL TITLECATE SHOU CI THE WORD TO THE CHIE HACKUD BE USE MACKIN OF THE MACKIN OF THE	8	210. EXTERNAL CAUSE WAS  210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
N PEOORS	13	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU E DEPART	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
DIA SET	2	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
TANA STATE		AT WORK — AT WORK —	
SH SON SH S		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinior	1
- SA 5 - 5		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
EXAMIN CERTIFIC JID BE DIRECT WITH T	1	TITLE (SPECIFY)	
		DATE IN	1121/92
DICAL TETHE A SHO NERAL MORE.	1	M.D. MEDICAL EXAMINER SIGNER	11176,10
85 - NOX	4	EXAMPLERS NAME	
PAGE PAGE AFTER BAITW	-	(TYPE OR PRINT)ADDRESS	
<b>年四元年《</b> 治	230.8	BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 231 LOCATION CITY OR TOWN COUNTY	STATE
07/84 BP		BURAL 5-2-85 FT. UNCOUN COM. BRESNTWOOL	MO.
25M DHMH - 17	24 F	FUNERAL DIRECTOR  ADDRESS  ADDRESS  250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGN	ATURE
(VR A15 ME (5))		JOHN T. RHINGS CO 3015-12th ST. N.S. APR 30 1085 Julidson TR	incle see



10	1	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE 2 2	6 5
14	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
102128		ECEASED NAME FRST PE OR PRINT) Mary	B. Fow let OF ESTIDEATH MATEL OF LAST BIRTHDAY MOINT DAYS HOURS I MIN PRONOUNCED	TH DAY YEAR THE DAY THE
A SARY	FO	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CUZEN OF WHAT COUNTRY: 69 RS.  8. MARRIED   NEVER MARRIED   9 BALTIMORE CHY OR CO	UNITY OF DEATH
PACES A		ashington, DC  ITY OR TOWN OF DEATH  SWELL	USA WIDOWED DIVORCED WORKED WITH A STATE OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORKING LIFE)  FOR MOST OF WORKING LIFE	ORK 126 KIND OF BUSINESS OR INDUSTRY Fed. Govt.
D. 21201 IF ANY DI 2. AND 3 T 2. RETAIN 2. RETAIN 2. RECORD	13a. S	AL RESIDENCE (IF IN NURSING HOME OF STATE 136 COUN	George Beltwill yes DO NO 130 STREET ADDRESS STREET ADDRESS NO 120 H364 Sell	20705 nesm Red
RE, MD.	1	ATHER'S NAME Frank	MIDDLE  Battinieri  Battinieri  Madelana  Middle	Ricciardi
BALTIMORE  GIVE PEGES  I GIVE PAGES  MITH FORM P  PAGES  AN  DIVISION OF	16a. \	WAS DECEASED EVER IN U.S. AR/ YES, NO, OR UNKNOWN) (IF YES, GIVE N/A	MED FORCES? WAR OR DATES) N/A  166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Lorraine Kenyon-daughter-(s	ame as 13e)
W. PRESTON ST. WITHIN 24 HOLE ENCIL IN ITEM 15 MINER ALONG TRANSIT PERMIT NITAL HYGIENE, OR REMOVAL.	1000	PART I DEATH WAS CAUSEI IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a) stating the under- lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
WITAL SHOCK CHIE CHIE CHIE CHIE CHIE CHIE CHIE CHIE	CERTIFICATION	190 DATE OF OPERATION  210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 C	20 AUTOPSY?  YES NOTE  N
DIVISION OF VITAL BIVISION OF VITAL E. WRITING THE WORD. WARRDED TO THE CHIE P. PAGE 3 SHOULD BE USE STATE DEPARTMENT OF IT. 2 1201 PROPERTY	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.M. MONTH DAY YEAR  DEATH  P.M. 19  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET, FACTORY, FARM, ETC.)	COUNTY STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORT TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SI BATTIMORE, MARYLAND,			ge of the remains described above, held an Autopsy , Inspection , Inquiry , and in m ral causes . Accident , Suicide , Hamicide , Undetermined manner .  TITLE (SPECIFY)  M.D MEDICAL EXAMINER  John 8. Rogers, DME 1919 Seminary Road, S.S	April 5/985. Md.
07/84 BP	24 F	LINERAL DIRECTOR	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	orges Md.



11		FOR	DEBARTMENT (	S VEALTH AND MENTAL LOOP	1 2 2 6	6
N. C.	1-	STATE		OF HEALTH AND MENCAL HYGH		0
126083		REGISTRAR		INER'S CERTIFICATE OF D	EATH REG. NO.	/
INOUS		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE KNOWN MONTH	DAY YEAR 26 HOUR
N MAN		£ 100	100	EV. Ll	OF ESTI-	71108 177
2 % # W	3 SE	X 4 RACE	DOATE OF BIRTH 6 AGE (	N YEARS IF UNDER 1 YR. IF UNDER 24 HR	RS 2c. DATE MONTH	DAY VEAR 24 HOLLE
1889 15		E 1.1	MONTH DAY YEAR LAST BIR		PRONOUNCED	12/2
90000	100	F. W.	June 9-0480	YRS.	DEAD AVIL	1900 PM
Magiga		BIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CHY OR COUN	ITY OF DEATH
音素の多点	1/1	NASH. D.C.	11.5 A.	WIDOWED DIVORCED	Mmc & Ga	an I was
STAN DES	1 / M.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO	OME, OR OTHER INSTITUTION 120 L	USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS
SESSES A	1	1 much	IF NOT IN SUCH FACILITY GIVE STREET ADDRE	55) 17 11 11 11	OR MOST OF WORKING LIFE	TEZETHENE
当ちて無名	USI	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	DUTO VIVIENTIA	OPERATOR-REI.	(SWITCH BOARI)
AND AND SELECTION OF SELECTION		STATE / 136. COUN			STREET ADDRESS	20707
12 支令部6条/	/	Mol. P.	G.C. LAUR	EL YESTE NO []	69 South BR	UCE ST.
M TOWNS	14. F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	(AST /
DEATH GES 1,	2	PATRICK	J. 511/11/14	N EMMA	MIDDLE	Pripson
A Second	7 160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SECU	IRITY NO. 17. INFORMANT	ADDRESS	10-4120N
F. F. S. S. S. S.	(		WAR OR DATES)	2778 7450 0005	11 -100 111 1	· · · · · · · · · · · · · · · · · · ·
., BALTIMORE, MD. RS AFTER DEATH. IF S. GIVE PAGES 1, 2, WITH FOR I. PAGES 1 DIVISION DEVISION		NO	3/8-18-	3237 THEODORE	H. FRANKLIN (	>AME 15413)
		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c).)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., WITHIN 24 HOUR ENCIL IN ITEM 18. MINAEL REMAIT. IRANSIT PERMIT. INTAL HYGIENE, OR REMOVAL.	24		TE CAUSE (a) De you	e My ocsi	221 DEN	
PRESTON WITHIN 24 H JCIL IN ITEM REN ALON RANSIT PER TAL HYGIEN			DUE TO, OR AS A CONSEQUEN	CE OF	, ,	
WITHIN NCIL IN INDER YEANSI		Canditions, if any, which				
I W. P. ED WITT PENCIL L-TRAINE AGNITAL I, OR R.		gave rise to immediate cause (a) stating the under-		05.05		
		lying cause last.	DUE TO, OR AS A CONSEQUENCE	LE OF		
			(c)			
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BE E PENDIN MEDICAS AS A SA CREV	CERTIFICATION	1 Mon	e e			
PER NO.	7 3	190. DATE OF OPERATION	19b. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
DIVISION OF VITAL RE S CERTIFICATE SHOULD RITING THE WORD "PEI ROED TO THE CHIEF M ROED TO THE CHIEF W ROED SHOULD BE USED A E DEPARTMENT OF HEAD OI PRIOR TO BERRIAL, C	7/5	None	2 10 10 10 10 10 10 10 10 10 10 10 10 10			YES NO.
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A THE MEN TO BE	2 0	UNDERLYING OR	HOUR A.M. MONTH DAY Y	EAR THE	ER MATURE OF INJURY IN TIEM IS PART TORPA	KE 2)
ARTO THE STATE OF	) 5	CONTRIBUTING CAUSE OF				
VIS SED SED SED SED SED SED SED SED SED SE	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	ZII. LOCATION	CITY OR TOWN CO	DUNTY STATE
DIVISION HIS CERTIFICATION ARDED AGE 3 SIN ATE DEP	>	AT WORK AT WORK		SIRCE	CITORIOWN	JUNIT
ST 2 5						
EXAMINER: CERTIFICATI ULD BE FOR: I, WITH THE:		22e I certify that I took charg	ge of the remains described above, held a	n Autopsy . Inspection	. Inquiry . and in my o	pinion
MANNE PIFICA COTO PI THI YLAN		death resulted fram: Natu	ral causes . Accident .	Suicide, Hamicide Unit	determined manner,	
AK WINDER		0 0	0//	TITLE (SPECIFY)		1 1
HE CER HOULD HOULD NIH, WI		ACTUAL SKINASORE	1/1/200	" MODED!	EDICAL EXAMINER SIGN	Jon 1.26 1922
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	230.	SURIAL, CREMATION, REMOVAL	/ -	CEMETERY OR CREMATORY 23d	LOCATION	UNITY STATE
07/84 BP		BURIAL	4-30-1985 Mt. O.	LIVE CLIVE.	WITSHINGIUN,	V.C.
DHMH - 17	24.	UNERAL DIRECTOR	ADDRESS 5801 CLEV.	ELAND AUE 250. DATE REC'D.	BY REGISTRAR 256 REGISTRAR'S	SIGNATURE
(VR A15 ME (5))	1	V.W. CHAMBE	RS CO. RIVERD	ALE, Md-20737-1	1085	Dand Do
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DIVISION OF VITAL RECORDS,

All the second of the second o Contact Southern to your ago interest was THE THE RESERVE OF THE PARTY OF THE POST OF THE PROPERTY OF TH College June 1989 - College Co

TO HOSPITAL

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE

2

CERTIFICATE OF DEATH

					REG. N			
	CEASED NAME FIRST	Tomos	AIDDLE	IAIT	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	XXXXXX		Albert F	kye	April 29,	AND SERVICE SE	85	2:30
3. SEX	x /	4 RACE	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER I YEAR	IF UNDER 24 H
	Male	Caucas	ian Febru	ery 26, 1924	61	YRS	HS DAYS	HOURS
7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	AND A TOO LINE TO THE OWNER OF THE OWNER O		9 BALTIMORE CITY		DEATH	
	COUNTRY)	US		DIVORCED	Prince Ge	orge s C	ounty	
	rginia.		OSPITAL, NURSING HOME		12ª USUAL OCCUPAT	ION I	2b. KIND O	F BUSINESS
	Bowie	1 2222 LT	hitehall Drive		Mechanic	OF WORKING LIFE)	A111.00	otive
	AL RESIDENCE (IF NURSING HOME			,	Moonania			
13a S	STATE NJ6 COI	UNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	12323 Whi	/ ZIP CODE	md tro	2071
		eorge's	Bowie	YES NO D		renarr D	TTAE	2017
4. FA	ATHER'S NAME FIRST	MIDDLE	LAST	FIRST	WIDDLE		LAS	kins
	Lee		Rose	Laura			wat	Kins
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	12323	Whiteha	11 Dr	ive
(,	YES WW	II	577-40-1543	Jessie R. Fr	ye Bowie	, Maryla	nd 2	20715
	18 CAUSE OF DEATH (Enter		Early (hearly to the				APPROXI	MATE INTERVAL
	couse (a), stating the underlying cause last	(c)	r as a consequence of					
NOI	underlying cause last	(c)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ence	-		
CATION	underlying cause last	J CONDITIONS CO		i Lenk	a	20b. IF YES, WI	ERE FINDIN	NGS USED
TIFICATION	PART 2 OTHER SIGNIFICAN	J CONDITIONS CO	ONTRIBUTING TO DEATH BUT	i Lenk	ence	-	ERE FINDIN	NGS USED
CERTIFICATION	PART 2 OTHER SIGNIFICAN	J CONDITIONS CO	ONTRIBUTING TO DEATH BUT	DN WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOF	20b. IF YES, WI IN-CERTIFYING YES	ERE FINDING CAUSES	NGS USED OF DEATH?
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Reall traces for 20/15

Section of the sectio

101006 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial is should be detached for use as the burial-transit permit. Then please remove carbonopopers. He with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal. IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather troumotic event, the management of the managem ATTENDING PHYSICIAN: The low requires that the death

retained by the haspital or attending physician.

DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

- 1					REG. NO.						
	DECEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH MONTH	DAY YEAR	26 HOUR				
1	BE	ERTHA T	FULLER		04	02 85	1 10A M				
3	3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR					
	Female	Black	June 18	7977	67 Y	(RS	HOURS MIN.				
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO		PALABRIED 7 8	BALTIMORE CITY OR COL						
1	Varyland	USA	WIDOWED X	DIVORCED T	PRINCE GEORGI	E'S COUNT	Y MD				
-66	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME OR OTHER I		USUAL OCCUPATION		OF BUSINESS OR				
4	CHEVERLY	PGG HOSPITAL	AND MEDICAL (	CENTED -	Housekeene		estic				
オ	UNITED THE	OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)		2.	1111	200				
7		7	adelphia YES T		STREET ADDRESS / ZIP (	1 6 1	7/				
Į,	4 FATHER'S NAME		15. MOTHE	ER'S MAIDEN NAME		TITEE	4				
3	William		LAST	Rita	WIDDLE	LAS					
1	6a WAS DECEASED EVER IN U.S.		ONES		ADDRESS		mith				
Я	(YES NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	00 00 00	3	7 77 2						
F		KT1-	20=9363 Haze	el Mumfor	rd, Bishop	VILLE	MID WATE INTERVAL				
I	PART I. DEATH WAS CAU	SED BY.	1	- 4 5	1/1.0	BETWEEN	ONSET AND DEATH				
1	IMMEDI	ATE CAUSE (o)	2702 FILE HO	eart to	None	/	Day				
L		DUE TO, OR AS A CO		TI	100	,	>				
ı	Canditians, if any, which gave rise to immediate										
1	cause (a), stating the underlying couse last.	DUE TO, OR AS A CO	NSEQUENCE OF								
۱	briderrying coose lost.	(c)									
1		72	ING TO DEATH BUT NOT RELAT		L DISEASE OR CONDITION	GIVEN IN PART 1	0				
-	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		1 Syndro		zanoua Ina	E MEC LUEDE EN LE					
1	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PER	FORMED		IF YES, WERE FINDI ERTIFYING CAUSES					
4					YES NO	YES	NO 🗌				
		110110 4 14 1101	TH DAY YEAR	INJURY OCCURRED	ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)					
1	S (IF EITHER NOTIFY MEDICAL EXAMIN		19								
1	OR CONTRIBUTING CAUSE OF E	21e. PLACE OF INJURY		ATION	CITY OR TOWN	COUNTY	STATE				
1	AT WORK NOT WHILE				/						
1	22a 1 certify thou (this has	pital) attended the deceose	d from X/2	7.19 84	to977		that (1) (we) lost				
	saw the deceased alive	not view the body ofter deat	19_85 ond that in (n	ny) (aur) apinian death	h accurred an the date one	d hour and from the	couses stated				
1	226. SIGNATUR	7	DEGREE			TH. DATE	SIGNED				
1	Allean	to land	I MD		MEDICAL STAFF	41	2/85				
	22d. PHYSICIAM'S NAME HYP	E OR PRINT	22e. ADDI		Greenwage	-	r Dr				
1	Stuart	Turkewit		reen bei		7	* (fore)				
1	230 BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY C		736 LOCATION						
	(SPECIFY) Buria	L 4-6-85	Evergreen	-	CITY OR TOWN	COUNTY	STATE MD				
1	14 FULL PRECIOR	B			The same and the s	Worceste					
T.	1/2/11/11/	IK A)	DOM . 11	7	S'B BY REGISTRAR 256 RE	S. S. MAN G GIONAL	12.1.00				

THE STREET

Date:

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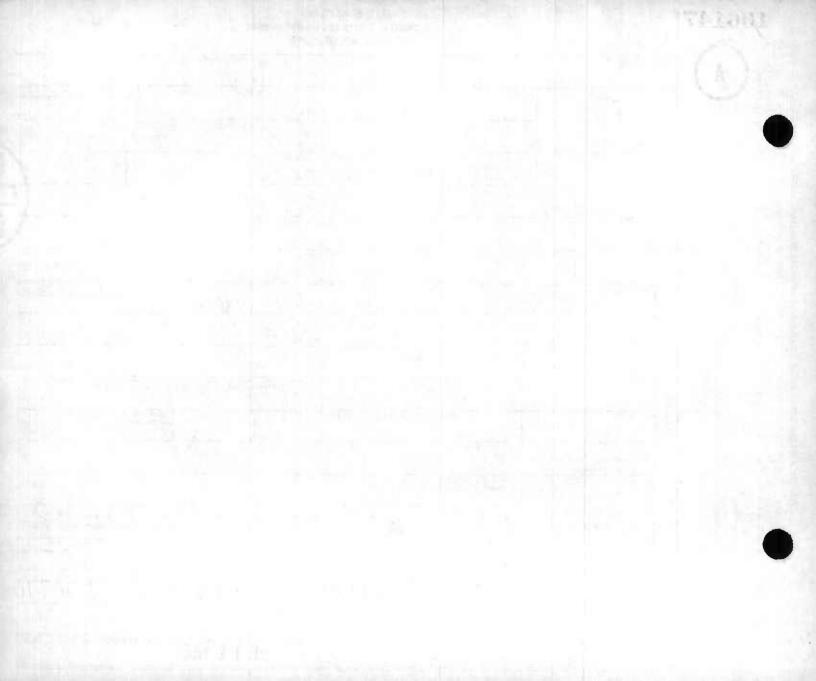
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	FOR STATE REGISTRAR			STATE OF MAR MENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYG	REG.		7 0	
	ECEASED NAME E OR PRINT)	FIRST	MIDDLE	LAST		20 DATE OF DEATH		Y YE AR	26 HOUR
3. SE	×	LUCILLE 4 RACE Bla	LAVONNA	5. DATE OF BIRTH MONTH DAY  Oct. 22.	Y YEAR 1926	April 8. 6 AGE (IN YEARS LAST	BIRTHDAY) IF	UNDER TYEAR	II : 4 IF UNDER ?
BF A	RTHPLACE (STATE OR COUNTRY) Washingt		JSA	MARRIED NEVE	ER MARRIED DIVORCED	9 BALTIMORE CITY PRINCE	OR COUNTY O		ΓY
10 C	ITY OR TOWN OF DE	ATH 11. NAME C	F HOSPITAL NURSIN	ADDRESS) AL of P.G.	NSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOS Housew	T OF WORKING LIFE)	12b. KIND OI INDUSTRY	BUSINES
13a. s	STATE Maryland	136 COUNTY P.G.	13c. CITY OR TOW	Marlborso	NO 🗌	13. STREET ADDRES	s / ZIP CODE rgo Ro	ad A	777.
Ê1 1	William	Arstea	ad Lew:		er's maiden na/	WIDDLE	L	ewis	
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES	)	8962 Roa	mant tria Wi d. Hvat	lliams-d tsville,	aughte Maryl	r-762	3 Mu
ewent, the		IH (Enter only one couse) VAS CAUSED BY: IMMEDIATE CAUSE (o),	110		ardiac	fadure		BETWEEN	MAJE INTERV
or other troumotic	Conditions, if ony gove rise to im couse (a), stati underlying coust	mediate ng the e lost (c)	OR AS A CONSEQU		breast	- Cance	Λ	/,	h.
or to buy, y injury,		NIFICANT CONDITIONS							
Hygiene prior to k 8 shows ony injur CERTIFICATION	19s DATE OF OPERA	TION TIVE. COR	NOTITION FOR WHICH	OPERATION WAS PER	KLOKWED	YES NO	N CERTIFYII	WERE FINDIN NG CAUSES	OF DEATH
nd Mentol Hygid or hem 18 sl	21a, ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED  21d INJURY OCCUR	CAUSE OF DEATH HOUR	OF INJURY  A.M. MONTH D  P.M.  CE OF INJURY	AY YEAR 19 211 LOCA		ED (ENTER NATURE OF	JURY IN ITEM 18 PAR	I OR PART 2)	
norked o	WHILE NOT W	HILE AT HOME	STREET FACTORY OFFICE, I		REET P	CITY OR	TOWN	COUNTY	STA
m 21 is n		WILL	dy ofter death.	0 3	my) (our) opinion (	deoth occurred on the	date and hour o		
VI. If He	Mayun	D. held	2 W.	DEGREE	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN	4 8	82
PORTAN	MARY	N DWA	\$ 1525	(4)00minut!	ICTE D	MW 6001	mbelt	mb	207

DHMH - 16 60M 7/84

(VRA 15, 4)

1985 Lee's Crematory Washington, D.C. 230 BURIAL, CREMATION, REMOVAL Cremation Memoria i skarkallandover Mary Land 24 BULERALE HE



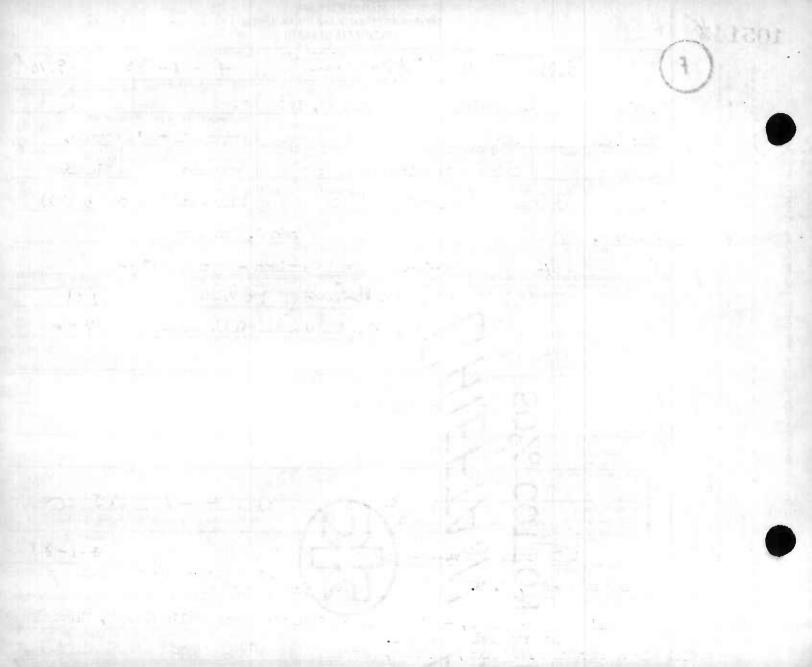
1021	18	1.	FOR STATE REGISTRAR				AENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH		2 2 REG. NO.	2 7 1		
6 100			CEASED NAME FILE OR PRINT)	RST	MIDDLE LAST				2a. DATE OF D	HIMOM HTA	DAY YEAR	26 HOUR	
0	11	1	Jeanne S. Gardiner					April 9. 1985			9:00		
You	1/	3, SE	1			5. DATE (		& AGE IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN		
deoth. Poge 4	2		emale	Caucasi	an	Nov		62	YR		JAN TOOKS		
	10		RTHPLACE (STATE OR FOREK	GN 76.	CITIZEN OF WHAT COUNTRY?			NEVER MARRIED	NEVER MARRIED   P BALTIMORE CITY OR COUNTY			Y OF DEATH	
	327	Michigan			USA		WIDOWE	D DNORCED	Prince Georges County				
hours offer of the full be filled with					1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2814 Bosworth Lane  2824 Bosworth Lane			OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  Homemaker				
124 hours in filled in movid be	100	13a. :	STATE 13b.	URSING HOME OR OTHER INSTITUTION, GI		13c CITY OR TOWN		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET AD 2814 B	13e STREET ADDRESS / ZIP CODE 2814 Bosworth Lane		e 20715	
事	101	14. F	ATHER'S NAME	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA		AIDDLE	IA.	CT	
9 17	101		Steuart		Arthur		on	Marga				arnes	
eared by Dr. Rodrigues D.M.E. Ballimore, marriand the property of the low requires that the death certificate be executed within 24 of the other this certificate has been signed by the offending physician and completely filler this certificate has been signed by the offending physician and completely filler as the buriel-fransit permit. Then please remove carbon papers. Pages   med 2 the buriel-fransit permit. Then please remove carbon papers. Pages   med 2 the buriel-fransit permit to buriel, cremation, or removed.	buriol, cremotion, or removal. ry, or ather traumatic event, the medicar		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  YES, NO OR UNKNOWN) (F YES, GIVE WAR OR DATES)  109  109  109  109  109  109  109  10						us 13e				
D.M.E.			18. CAUSE OF DEATH (E	nter only	one couse per ly	ne for (o), (b), on	diesi		,		APPRO!	UMATE INTERVAL ONSET AND DEAT	
D.M. ertificate ng physici bonpope removal.			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCAPDIAL LNFARCTION										
in gue			Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								la ·		
Dr. in low re low re has been permit.	ijui kuo swa	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NOT NOT			S OF DEATH?		
PHYSICIAN: The anding physicic this certificate to buriol-transition of Americal Hygist	Item 18 sh		21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE  (# EITHER NOTIFY MEDICAL EX	E OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH DA	Y YEAR	21c HOW INJURY OCCUR					
Greating offending offending of the sure o	rkedor	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e. PLACE OF	F INJURY T, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREFT	(	ITY OR TOWN	COUNTY	STATE	
C1. OR ATTENDING the hospital or DIRECTOR: A foched for use	If them 21 is ma		22a.1 certify that (I) (this hospital) attended the deceased from 19 68, to 19 5, that (I) (we) los saw the deceased alive on 19 5, and that in (my) (exclopinion death occurred on the date and hour and from the causes stated above, (I) (me) (did not) view the body after death.  21 DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF										
	MPORTANT		224 PHYSICIAN'S NAME NORMA	VK	<. /S	HREN	nes	PHYSICIAN ( 22e. ADDRESS  3231 Sul	PERIOR -	PHYSICIAN []	- Bu	UE, M	
BP	_		BURIAL, CREMATION, REM (SPECHY) Cremation		April 1	0		EMETERY OR CREMATORY	23d LOCATH	TOWN	COUNTY  Virgin	STATE	
DHMH - 16 50M ( (VRA 15, 4)	1/83		UNERAL DIRECTOR NAME	Bea	ell/	16000 A	napol	Lis Road APF	E REC'D. BY REG	STRAR 256. REC	GISTRAR'S SIGNA	TURE and the	

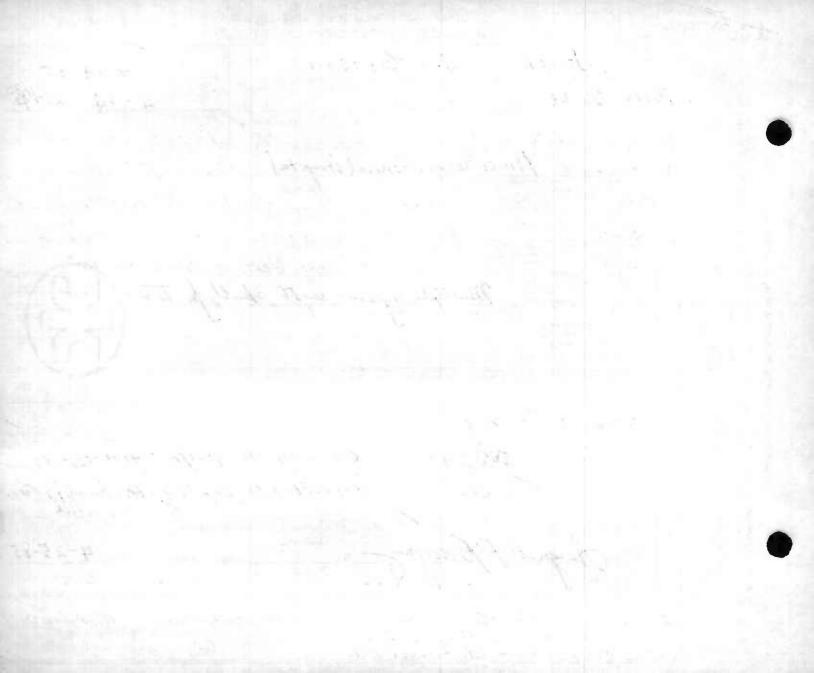
9:00 Jennic N. Grindr Unicepien For. 29, 1922 rings cor ss combr Michigan Ush owie 6814 Fearmanth Lane TURNICUCE eight donne seonar and grad assimilar some as noncentral traces

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Lacil weard one lowic, Paryland 20715





121067	1-	FOR STATE				T OF HEALT	H AND MENTAL		2 2	7 4	
	337	REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	MINER'S	CERTIFICATE		REG. NO.		Y YEAR 25 HOLLD
( ( G . )		E OR PRINT)	Diexix	XX Dorri	s Jean	1	Giles	0	F ESTI-	4/18	19 85 P. M
_ CEE	3 SEX	(	I. RACE	5 DATE OF BIRTH	6 AC	E (IN YEARS IF U	NDER I YR IF UND	ER 24 HRS. 2c. D.	ATE	MONTH DA	Y YEAR 2d HOUR
ON STATE		emale	Black	4 15	25 6	O YRS.	HS DAYS HOURS	DI	DUNCED EAD	4/18	1, 85 3:15
S NECESSARY FUNERAL DI S FOR YOU W PRESTON	F.C.	RTHPLACE (STA		U.S.A.	IAT COUNTRY?		NEVER MA	RRIED 🔲	TIMORE CITY OF	-	
825.25 V		nnsylva		11. NAME OF HOSE	PITAL NURSING	WIDO\		RCED LISUAL OC	Prince (		KIND OF BUSINESS
X = 8 = 8	-	nham	DEATH	(IF NOT IN SUCH FAC		DDRESS)	TEK INSTITUTION	FOR MOST OF	WORKING LIFE)		OR INDUSTRY
	USU	L RESIDENCE		OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	1		anscribe	er  re	deral Govt.
ANY AND ATAILE		<sub>TATE</sub> Maryland	d Princ	ce George	13c. CITY OR TO	n Arden	136. INSIDE CITY LIMITS		Johnson	Court	20706
MD.		ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MA		MIDDLE	_	LAST
DEATH DEATH		Viver			Wil		Mar	У		Th	norton
it., Baltimore, Me Ours After Death. 18, Give Pages 1, 3, With Form PM. Ait. Pages 1 AND 7 E. Division OF With	16a. \	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AR	WED FORCES? WAR OR DATES)	16b SOCIALS		17 INFORMANT	. 77.00	ADDRESS 615 Ha	alifax	Place
RS AN GIV		NO CAUSE OF	DEATH /E-A	ly ane cause per line	579-28		Allison	A. Black	Upper	alifax Marlbo	APPROXIMATE INTERVES
HOUI W 18. WATE.		PART I DEA	ATH WAS CAUSE	D BY:	Carcino	ma of t	he lung.			ВІ	ETWEEN ONSET AND DEXTH
STON S V 24 HC V ITEM ALONG ALONG TI PERM YGIENI			IMMEDIA	DUE TO, OR	as a consequ						
ANS AL HEN			s, if ony, which	(b)							
201 W. PRESTON ST., BALTIMORE, MD. UTED WITHIN 24 HOURS AFTER DEATH. IF IN PENCIL IN ITEM 18, GIVE PAGES 1, EXAMINER ALONG WITH FORM PM SIAL-TRANSIT PERMIT. PAGES 1 AND 18 D MENTAL HYGIENE, DIVISION OF WATH ON, OR REMOVAL.	0	lying cous	stating the <u>under</u> e lost.	DUE TO, OR	as a consequ	JENCE OF					
DIVISION OF VITAL RECORDS, 2011 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROPE TO THE CHIEF MEDICAL EXAMED TO THE CHIEF MEDICAL EXAMENT OF HEALTH AND MEDICAL PROPERIOR TO BURIAL, CREMATION, COLPROSTO BURIAL, CREMATION, COLPROST	NO	PART 2 OTHER SIG		CONTRIBUTING TO DEATH B	BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a)			
MITAL REI SHOULD ORD "PEN CHIEF M E USED A URIAL, C	S S	190. DATE OF	OPERATION	19b. CONDIT	ION FOR WHIC	H OPERATION V	VAS PERFORMED?			20	AUTOPSY?
DIVISION OF VITAL RE SCRTIFICATE SHOULD RITING THE WORD. "PEI ROED TO THE CHIEF IN RES SHOULD BE USED A EDEPARTMENT OF HEA OI PROR TO BURIAL, OF	CERTIFICATION	Non									YES NO
HE WEEN TO BE TO B		210. EXTERNAL UNDERLYING	OR		MONTH DAY		OW INJURY OCCUR	RED LENTER NATURE C	F INJURY IN ITEM 18 PA	ART T OR PART 2)	
SION RTIFIC SHOUL PART	MEDICAL	CONTRIBUTION	CCURRED		OF INJURY (AT	19 HOME 21f. LC	None				
E≯AAE.	ME	WHILE AT WORK	NOT WHILE C		ORY, FARM, ETC.)		STREET	CITY O	RIOWN	COUNTY	STATE
ATE, T ORW, OR: P HE ST VD, 2				e af the remains desc	ribed abave, he	ld on Auto	osy . Inspec	tian . Inqu	and	l in my apinian	1
WIN TIFIC BE F BE F TH TI		deoth resulte	d from: Naty	ral couses X	Accident	Suicide	, Hamicide	Undetermined	manner,		
EXA CER WARR	13	ACTUAL	1	LA	1	0.0	Deputy	*		DATE	4/19/85
SEA SEE SEE	/	SIGNATURE	1	10				9 Seminal		SIGNED.	1/13/07
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM AFTER DIRECTOR: PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	1	EXAMINERS TO	JAME Joh	S. Roger	s. M.D.			ver Sprin	g. Mont	Md.	
03.9 TA 8	23o.B	URIAL, CREMAT	ION, REMOVAL 1	3b DATE	23c. NAME	OF CEMETERY	OD COEMATORY	I 224 LOCATIO	N	COUNTY	STATE
BP	24.5	buri	al	4/23/85 S FUNERAL	Harm	NG. Memo	orial Park	Lando	ver Pri	nce Ge	orge's MD
DHMH - 17	Z4. F	NAME	ROLLIN	9 HUNT PL	ACE N.E		100. DA	P & MOS	0	9.00	
(VR A15 ME (5)) 20M 4/B2			433	HNICTON D	C. 200	9	AFR	26 1995	Grana Vari	idded-ha	nation

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in a larger of some and an extension	eri dir Nellagi	.3.11	OLLINS FUNERAL NO 4339 HUNT PLACE SYACHINGTON, D.C.	•

	١,	FOR		<b>DEPARTMENT OF</b>	HEALTH AND MENTA	LHYGIENE 2	1 / 3	
4004	11-	STATE REGISTRAR	ME	DICAL EXAMIN	IER'S CERTIFICATE	OF DEATH REG. N	10.	
3001		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN OF ESTI- X	_	YEAR 26 HOUR
Maria Min	179	RAYMOI	AT)	E.	GLASCOE	OF ESTI- X	1 1 00	1985 M
SP288	0. SE		5. DATE OF BIRTH	6. AGE IN YE		DER 24 HRS. 26 DATE	MONTH DAY	YEAR 2d HOUR
135	1		Aug 27	1923 LAST BIRTHO	RS. HOURS	MIN PRONOUNCED DEAD	4-28	1985 6:09
20 /	F Mrs. B	ale white	76. CITIZEN OF W		8. MARRIED X NEVER MA			
2 1	/1	ashington DC	USA					
9	ID. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOM	E, OR OTHER INSTITUTION	124 USUAL OCCUPATION (TO	PE OF WORK 12h K	IND OF BUSINESS
156	2 0	linkan		ACILITY, GIVE STREET ADDRESS)	*** *** ***	FOR MOST OF WORKING LIFE)		R INDUSTRY
	#75U	AL RESIDENCE (IF IN NURSING HOME O	OR OTHER INSTITUTION, G	Maryland		Truck Driv	er 101	1 Company
85	175-51	STATE 136. COUN		13c CITY OR TOWN	13d INSIDE CITY LIMITS		40000	199
27		ryland PG	<u> </u>	Ft Washi	ngton YES X NO		COIL ROS	<u>a</u>
Ho	1	FW52	MIDDLE	LAST	FIRST	MIDDLE	Conid	LAST
63	160	aymond was deceased ever in u.s. ar	E MED FORCES?	Glascoe	Elsie	ADDRES		fith
/ Jan	- 0	YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		45.4			3.0
1	-	NO LIA CAUSE OF DEATH /		579-18-9	932   Margare	et A Glascoe	sane a	APPROXIMATE INTERVAL
1.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	DBY: Arter	riosclertic	cardiovascula	r disease		WEEN ONSET AND DEATH
<b>医密</b>		IMMEDIA	E CAUSE (0)	R AS A CONSEQUENCE				
ANSIT P AL HYG REMOV		Conditions, if ony, which	DOE 10, OR	AS A CONSEQUENCE	OF			
NA ARA		gove rise to immediate couse (a) stating the under-						
A NO.		lying couse lost.	DUE TO, OK	AS A CONSEQUENCE	OF			
AND		BART 2 OTHER CIPUITICANT CONDITIONS	(c)	AUT HOT ATT ATT TO THE TOTAL				
ENA	z	PART 2 OTHER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TERM	AIMAL DISEASE OR CONDITION GIVEN II	PART Lig		
COREN T	CERTIFICATION	aspiration . C	besity	TION FOR WHICH OPE	RATION WAS PERFORMED?		120	AUTOPSY?
DEPARTMENT OF HI PRIOR TO BURIAL	48		170 001101	morrow mienore	THOSE WAS TEN ORMED.		120	
83	- 5	21a EXTERNAL CAUSE WAS	216. TIME O	F IN IURY	Tale HOW IN HIPY OCCUM	RRED (ENTER NATURE OF INJURY IN ITEM )	S PART I OR PART 21	YES NOX
127		UNDERLYING OR	HOUR A.A	A. MONTH DAY YEA		AND CONTENTIONED IN THE PART OF THE PART O	01 11 01 11 23	
RIO	MEDICAL	CONTRIBUTING CAUSE OF		A. 19 OF INJURY (AT HOME.	21f. LOCATION			
201 P	뿔	WHILE NOT WHILE AT WORK		TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK						
ND, 2		22a I certify that I took charg	e of the remains de	scribed obove, held on	Autopsy . Inspec	tion X Inquiry X, c	and in my opinion	
B		death resulted from Notu	rol couses 🔀,	Accident, Si	vicide , Homicide	Undetermined monner	,	
WARYL WARYL			101	0	TITLE (SPECIFY)			
EW-		ACTUAL SIGNATURE	4 XX	dufus/	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNEDA	29-85
100	1	Lary 1	o D Down	into An				ings, Md
X &		(TYPE OR PRINT)	O P KOUL	19494, 6.0	ADDRESS	Impount ce. C		
20	23a. E	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION		
		Burial E	/1/85	Washing	ton Nationa	1 Suitland	PG	MĎ
17	24. F	UNERAL DIRECTOR 43	08 Suit	land Rd S	uitland MAN		GISTBAR'S SIGNA	TURE
TO MEDICAL E  TO FUNERAL  TO FUNERAL  AFTER DEATH  BALAIMORE, M.	24. F	Burial 5	36. DATE 5/1/85 308 Suit ADDRESS	73¢. NAME OF CE	. 5009 ADDRESS METERY OR CREMATORY ton Nationa	Rayburn Ct. Ca	amp Spr:	ings, 1748 Mi

STATE OF MARYLAND S
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DECEASED NAME FIRST MIDDLE LAST CONTROL OF DEATH MONTH KARL DALY GLASS, JR. APRIL 3, 1985  3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY)  Male Caucasian Land 3 1937.	DAY YEAR 26 HOUR 12 N M
KARL DALY GLASS, JR. APRIL 3, 1985  3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY YEAR  6. AGE (IN YEARS LAST BIRTHDAY)	
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	
	IF UNDER 1 YEAR IF UNDER 24 HRS
Male Caucasian Jan. 3, 1934 51	MONTHS DATS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 79. BALTIMORE CITY OR COUNTRY)	
Arkansas USA,   WIDOWED   DIVORCED   Prince George	
LANHAM  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  DOCTORS HOSPITAL OF P.G. CO.  Attorney	G LIFE) IZE. KIND OF BUSINESS OR INDUSTRY U.S. Government
JAL RESIDENCE HE NURSING MORE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  STATE  134 STREET ADDRESS / ZIP CO	DDE 21401
Maryland Anne Arundel Annapolis   YES   NO X   2625 Greenbria	r Lane
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE  15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
Karl Daly Glass Sr. Jessie	Austin
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  LYES NOOR UNKNOWN) [ (IF YES GIVE WAR OR DATES]	
Yes Korea 431-54-3259 Joanna Glass (wife) Same as	
18 CAUSE OF DEATH (Enter only one cause per line for 101, 10), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	
DUE TO, OR AS CONSEQUED SUNK.	1,000
Conditions, if any, which gave rise to immediate	
underlying couse last.	76.4
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELMINAL DISEASE OF CONDITION OF	GIVEN IN PART TIME
1 and and and and	
THE DATE OF OPERATION OF INCESTING THE CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE TOTAL OF INJURY	YES, WERE FINDINGS USED STIFFYING CAUSES OF DEATH?  YES NO NO
216. TIME OF INJURY  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1	18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER NOTIFY-MEDICAL EXAMINER)  P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICALEXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR JOWN	COUNTY STATE
WHILE NOT WHILE   NOT WHILE	8
22n.1 certify than (1) this haspital physical the decreased from	that (I) (we) last
tow styrographic on, and that if (my) our) opinion death occurred an the date and has about if (my) our) opinion death occurred an the date and has about if the date and has a second or the date and has a second	have ond from the causes stated
THE SHOULD A CONTROL STAFF	113/15
PHYSICIAN DIRECTOR PHYSICIAN	1.11
1774 DHYS ICIAN'S NAME ITURE OR	20002
12th ADDRESS  Lewis H Dennis MD	20903
Lewis H. Dennis, MD 831 University Blvd. E. Si	
Lewis H. Dennis, MD  831 University Blvd. E. Si  23d. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIES) 23c NAME OF CEMETERY OR CREMATORY (SPECIES) 23d. LOCATION (CITY OR TOWN)	Liver Spring, MD.
Lewis H. Dennis, MD 831 University Blvd. E. Si	Liver Spring, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

.2.1 Bank Ar. Cheste can gib to entry (ally) and a month, port. Co. Int. 2.2 em. of 2. Land for the Sand Charles THE CONTRACTOR OF THE STATE OF THE PARTY OF THE PARTY OF THE PARTY. - STATE

REGISTRAR

DECEASED NAME

12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Own Home 13e STREET ADDRESS / ZIP CODE 3900 Hamilton Street 20781 71020Webster Street Albert Mitchell Landover Hills, Md. 20784 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART I OR PART 2 STATE , and that in (my) ( $\Delta K$ ) opinion death accurred an the date and have and from the couses stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10313 Georgia Ave. #201 Silver Spring, Md. 20902 Lynchburg (N/A) Virginia Line Francis Gasch's Sons Funeral Home P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 APR (VRA 15, 4) 4739 Baltimore Ave. Hyattsville, Md. 20781

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 DATE OF DEATH MONTH

2:10 m

IE UNDER 24 HRS

IF UNDER I YEAR

LAST

BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE April 29, 1985 Cedar Hill Cemetery Suitland, Maryland Burial 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE (VRA 15, 4) 663B

DHMH - 16 60M 7/84

Old Alexander Ferry Road, Clinton, Maryland

COUNTY

15

22c DATE SIGNED

42685

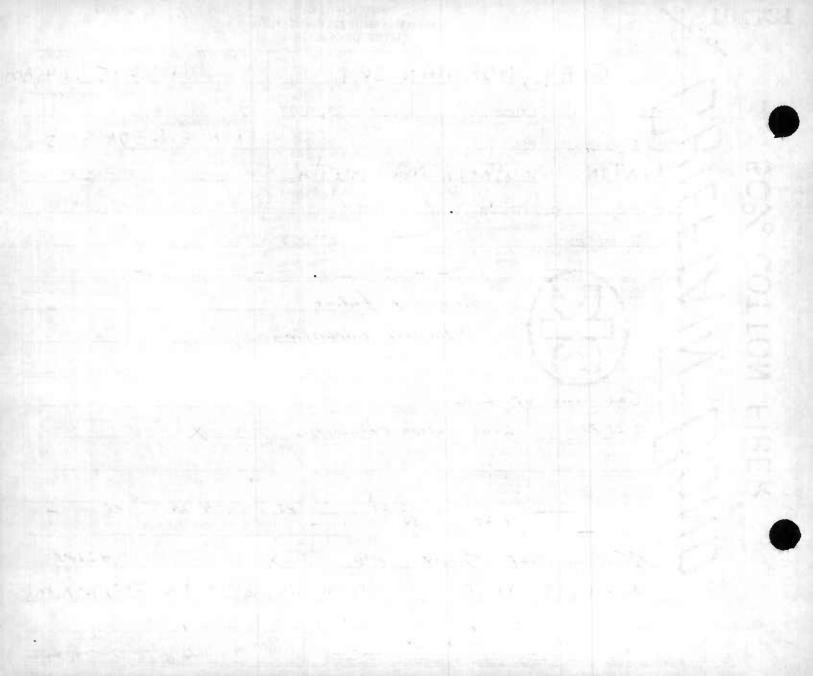
STATE

26 HOUR

IF UNDER 1 YEAR

Printing

APPROXIMATE INTERVAL



032		REGISTRAR CEASED NAME PE OR PRINTI	FIRST		WIDDLE		ERTIFICATE C	2a DA			DAY YEAR	2b. HOU
1		CORTRINE	JAHRO	)D	R.	GF	REEN		TH MATED	3 :	30 19 8	5
)	3. SE:	Male	* RACE Black	5 DATE OF BIRTH MONTH DAY 07 07 1	984 6. AGE (IN LAST BIRTE	YEARS IF UN		MIN PRONG	ATE DUNCED EAD	HINOW	30 19 8	12.0
1	70. B	RTHPLACE (5) REIGN COUNTRY) St. of	ATE OR	76. CITIZEN OF WE	IAT COUNTRY?	1110.	ED NEVER MARR	IED T 9 BAL	nce Geor	-	Y OF DEATH	
	10 C	amp Spr	OF DEATH	11 NAME OF HOS	PITAL, NURSING HOLD THITY, GIVE STREET ADDRESS.  Air Force	ME, OR OTH	ER INSTITUTION	12a USUAL OC	CUPATION (TYPE		12b KIND OF OR INDU	BUSINESS
	I SU			OR OTHER INSTITUTION, GIV		SSION)	134 INSIDE CITY LIMITS? YES X NO	13e STREET AD		, SE	199	20020
	14 F.	ATHER'S NAME	nknown	WIDDLE	LAST		15. MOTHER'S MAID FIRST <b>Linda</b>	EN NAME	MIDDLE	Gree	en LAST	
	16a. \	WAS DECEASED	DEVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SECUR		17 INFORMANT		ADDRESS		44	
		NO			N/A		Linda Gree	n 2424	Elvans R	d, SI	E #302	
-	CERTIFICATION	lying cau	GNIFICANT CONDITION	(c)S CONTRIBUTING TO DEATH	AS A CONSEQUENC BUT NOT RELATED TO THE TE LON FOR WHICH OP	ERMINAL OISEASI	OR CONDITION GIVEN IN PA	RT 1 1a .			20 AUTOPS	5 <b>Y</b> ?
	MEDICAL CERTIFIC	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.M.	MONTH DAY YE	211 1O	OW INJURY OCCURRE		OF INJURY IN ITEM 18 P	ART I OR PAR		NO STATE
				rge of the remains des	cribed abave, held an	Autap	sy X Inspectio	n . Inqu	Jiry . and	d in my opi	inio n	
-	2	deoth result	NAME Ann	M. Dixon,	Accident .	Suicide M	Homicide TITLE (SPECIFY) DASSISTANT	MEDICAL C		DATE SIGNED	3-31- 21201	

ES 8 ME TO TO SING LA CONTRACTOR OF THE PROPERTY OF THE PROPER

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BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	12	7
MENT OF HEALTH AND MENTAL HYGIENE	1 1-4	

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0	31 -	FOR STATE REGISTRARCatheri	no Fli			EALTH AND MENTAL HY		0.110		
		CEASED NAME Cathe	ine	F (izzbet	0	Trinder	20 DATE OF DEA	G. NO. TH MONTH  27-	DAY YEAR	26 HOUR 1156 P.M
	3 SEX	х	4 RACE	(	S. DATE C		6 AGE (IN YEARS LA	(ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	E	emale	Caucas	sian	Sept		83	YRS	MONTHS DAYS	HOURS MIN
5		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	'PRINCE'		ES COU	NTY
2	10. CI	LINTON MD	SOUTH		G HOME C	D HOSPITAL	120 USUAL OCCU		LIFET INDUSTRY	OF BUSINESS OR
2	130. S Ma	ryland   Cha	NITY INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Indian	N				lace 2	0640
0		ATHER'S NAME FIRST  111iam  Jo	seph !	Mattingl	y	Mary	E. MIDO		Higdo	
2		NAS DECEASED EVER IN U.S. AI YES NO ORUNKNOWN) (IF YES GI	RMED FORCES?	218-30-		Charles W.	Dudley,			Md.
		18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMEDIA	nly one couse pe ED BY: TE CAUSE (o) DUE TO. O	0.	Kesy	suatory :	Failure		BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	RAS A EST QUE	nce of noi	c asthr	noi	Mess	4	
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT Cuteurscles	oter &	eart D	sea	NOT RELATED TO THE TERM  NOT RELATED TO THE TE	200 AUTOPSY?	20h IF YE IN CERTI	ES, WERE FINDIN	NGS USED
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED.	21e. PLACE	OF INJURY REET, FACTORY OFFICE, FA		211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
		220.1 certify that (I) (II) have saw the deceased alive or above, (Ir (**********************************			5,01	nd that in (my) (OUT) opinion	death occurred on t	- Z-7 he date and ho		that (I) (we) lost causes stated
1		22d PHYSICIAN'S NAME (TV)	nang	shy W	10	27s. ADDRESS	MEDICAL PH		4/3	27/85
		R. A. McCon	naughy	, M.D. P	.A.	5618 St.	Barnabas	Kd. E	Ixon Hi	11, Md.
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 5-1-8	_		EMETERY OR CREMATORY arles Cem.	Indian	VN	Chas.	Md.
	24. FU	UNERAL DIRECTOR		ADDRESS		250 DA	TE REC'D. BY REGIST		TRAR'S SIGNAT	URE PENELERR
	ITh	e Huntt Fune	ral Ho	me. Walc	horf.	My Inter	17 1 198	) 17		1

Supplied to the second second to the second Shreph Letter view view view in the state sea en-sicre makes &. Ondlay, Lant'n most, se. d. V. Jendansycky, d.t. Z.L. July 1. syches ac. Dun Hill, Du. many to the second of the seco its lights runeral Home, bulders, ad. \_ gire it and

	FOR
480	STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.		
			MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	ITPE	MILDRE	D	GRO	SS		03-29-85		4 15PM
3.	SEX	20.1.	4. RACE			6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DER TYEAR	IF UNDER 24 HRS
· A		FEMUL€		-1616		70	YRS		
107		DUNTRY)		NTRY? 8 MARRIE	ED NEVER MARRIED		_		
4		MP.		WIDOW	ED M DIVORCED				YAYE
4			LIE NOT IN SUCH FACILITY GIVE	F STREET ADDRESS)		(TYPE OF WORK FOR MOST O	DE WORKING LIFE) IN	KIND OF	F BUSINESS OR
		ATE 136 COU	NTY 13c. CITY O	RTOWN	13d INSIDE CITY LIMITS? YES - NO -			701	145 R.
0	FA1	HER'S NAME HARRY	MIDDLE 3 CC77	.ST	15. MOTHER'S MAIDEN NAM	WE	Coc	LAST	
1 16			VE WAR OR DATES)		17 INFORMANT CHARCES G			# 13 M	BOVE
-	T	B CAUSE OF DEATH (Enter o	nly ane couse per line foi ioi,	(b), and (c))				APPROXIE BETWEEN C	MATE INTERVAL ONSET AND DEATH
	S S	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 11a	1
9	TIFICA	9a. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES		
17		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OI	R PART 2)	
	WEDI		21e. PLACE OF INJURY (AT HOME STREET FACTORY, 6	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	own co	DUNTY	STATE
		saw the deceased plive or	3/29	01	3/26 1985 and that in (my) (aur) apinian a	ta 3/29 death accurred on the d	ate and have and		that (1) (we) last causes stated
		des	wayak	48	_		FF _	3/3	SIGNED
7	REGISTRAR  REG NO  1. DECEASED NAME  MILDRED  GROSS  1. DATE OF BEATH AND  GROSS  1. DATE OF BEATH AND  1. DAT	cle	reck	lyma					
2	6 BI	IRIAL, REMATION, REMOVAL				CITY OR LOWN	er P. G	الما الما	STATE
84	4 FUI	NERAL DIRECTOR NAME S. IN/MS4141 CT	DM & DMS UP 2	DRESS BURRE	APR"	08 1985 TRA	PARENTS IN ARTS	ALCHAN	della

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06066 <sup>X</sup> /	1.	STATE REGISTRAR	DEPA		ICATE OF DEATH	REG. NO.				
,0000		CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
be 3 emph	litre	Willian	n J.	Guth	rie	April 5	1985 7:00 a			
	3 SE	ale	White	5. DATE O	embera 3,19195	6 AGE IN YEAR'S LAST BIRTHDAY)	WUNDER LYEAR WUNDER 74 HRS			
1 1/1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH			
1 1 50		sachusetts	U.SA.	WIDOWE	**	Prince George	S M			
by the fulled with		iverdale	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES) Leland Memori	TREET ADDRESS)		17ª USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Attorney	176 KIND OF BUSINESS OF INDUSTRY GOV t.			
24 hours filled in k ould be in	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COULTY P. (	NTY 13c CITY OR 1	IOWN	13d. INSIDE CITY LIMITS?	DE CITY LIMITS? 126 STREET ADDRESS / ZIP CODE 3130 Laurel Avenue 20785				
mpletely ond 2 sho		THER'S NAME  11iam J. Guthr:	MIDDLE LAST		15 MOTHER'S MAIDEN NA Lillian Brei		LAST			
Poges 1	16e V	VAS DECEASED EVER IN U.S. AS	MED FORCES? THE SOCIALS	14 0243	Frances K. G	uthrie Same as l	13e			
physicor physicor npopers. movol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b		Benzl	Failure	APPROXIMATE INTERVAL BETWEEN ONS I AND DEATH			
to the death cereby the ottending is remove carbo, ceremotion, or recomplient to undited		Conditions, if ony, which gove rise to immediate couse to), stating the underlying couse lost.	DUE TO, OR AS A CONSE	. hosis	of live	<i>t</i>	6 breeks			
equires the signed of the pleat to buriol nijury, or ni	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 110			
on. hos been prior ene prior	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS USED  (IFYING CAUSES OF DEATH?  YES NO NO			
rysician: The Lang physicion. s certificate hos bound-tronsit pe Mentol Hygene in flem 18 shows		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM H	3 PART I OR PART ?}			
ottending ter this of is the burners of the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM, ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE			
ATTENDIN ospital or ECTOR: Al deforuse of the olf m 21 is ma		sow the deceosed olive or	ottol) ottended the deceased from	19 \$5.01	nd that in (my) (our) opinion	deoth occurred on the dote and h	our and from the couses stated			
by the har by the har by the har by the har been been been been been been been bee	(	20. PHYSICIAN'S NAME (TYPE	Thetelen	5 7	ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	4/5/85			
TO HOSPITAL of the control of the co			utchins, M.D.		1	r Road, Hyattsvi	ille, Md. 20785			
₽ ₽ ₽ ₩ 3 ≤ BP		Burial, Cremation, Removal	4/9/85	Md. Vete	emetery or crematory erans Cemetery		G. Maryland			
DHMH - 16 50M 4/83 (VRA 15, 4)		ancaismeGæsch's S 39 Baltimore Av			20781 25a.A1	TERED BY REGISTRAR 256 REGI	STRAR'S SIGNATURE			

Variable)

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Exercise gratefles and a second

THE TATE OF THE PARTY OF THE PA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

J	1 - STATE REGISTRAR			USTAKII		FICATE OF DEATH		REG NO		
	I. DECEASED NAME	MARIE		L.		AERINGER	In DATE OF D	03-2	9-85	5 15PM
	Female		White	9	1.DATE	30 86	4. AGE (MTM.	STAST BRIDGE VRS	FUNDER I YEAR MONTHS - EARS	If CHORR 24 HIS.
1	France	TONIGHT ON	USA	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED	the second residence and the	GEORGE !	TY OF DEATH	MD
1	CHEVERLY	25(0)(1)(0)		HYACKITY, GIVE STREET	ADDRESS	ERAL HOSP.		CUPATION WASTO WORKED EWIFE		F BUSINESS OR
>	USUAL RESIDENCE OF THE STATE Maryland	13h COU	MIX	UpperMa	N	1136 PASIDE CITY LIMITS?		oress/zipco		le le
1	Jean Jean		ANDONE.	Castagn	et	Unknown		voors	Unkno	own
1	NO NO OF LIPSCHOOL		RAGED FORCES? VE WAR OR DATES!	Unknown		Jean J Nay	lor	same	as #13	NO P
		TH WAS CAUSE		CARP		SPLRATORY 1	PREST	-	BETWEEN	DANET AND DEATH
	Conditions, if		DUE TO, O	HAS A CONSEQUE	375"		AVE	20	0	- []
	couse int i	toting the	DUE TO, O	R AS A CONSEQUE	INCE OF			The	17	
						NOT RELATED TO THE TERM			0080-500-1111-00	
1	THE ACCIDENT WA				OPERATIO	IN WAS PERFORMED	- Inch	IN CERT	ES, WERE FINDS FFYING CAUSES FES. []	
4		VINDEBANG [	J TIL TIME C	# INJURY M MONTH DI	V VEAR	71/. HOW INJURY OCCUR	RED (ENTER HATTER	E OF AUGUST IN HEIL IS	(4481 : DE 44813)	

MEDICAL 21d INJURY OCCURRED

27s.1 certify that (It (this hospital) amendant

saw the deceased above, (I) (we) (did)

P.M 21e. PLACE OF INJURY

AT HOME STREET FACTORY, OFFICE FARM, 81C I

19

TH LOCATION

ATTENDING

ERY OLIOWN

COUNTY

STATE

nd that in (my) (aut) apinion death occurred on the date and havr and from the causes stated

Burial

PARICHURST M.D.

77e ADDRESS

DEGREE

7100 BAUT

(VRA 15, 4)

marked of

ORTANT, If hem 21 is

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

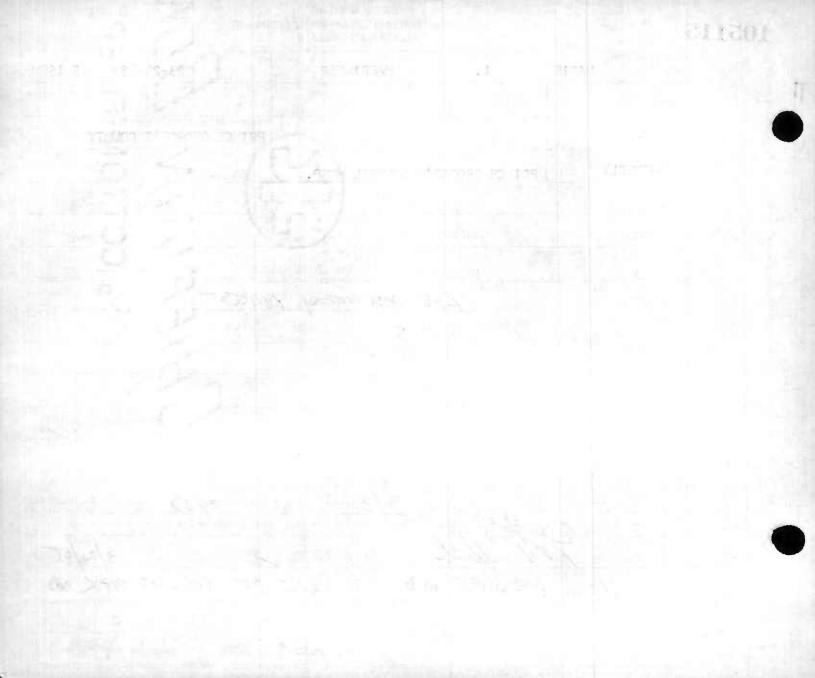
73s BURIAL CREMATION, REMOVAL 4/2/85

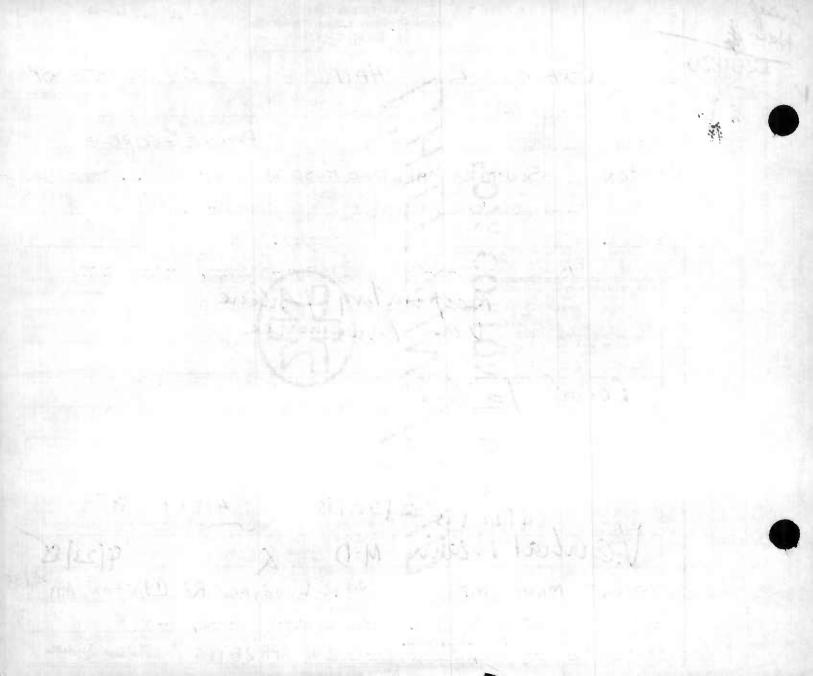
Washington DC

STAFF

STATE

4308 Suitland Road 104 Date Her Robert E. Wilhelm Funeral Home Suitland

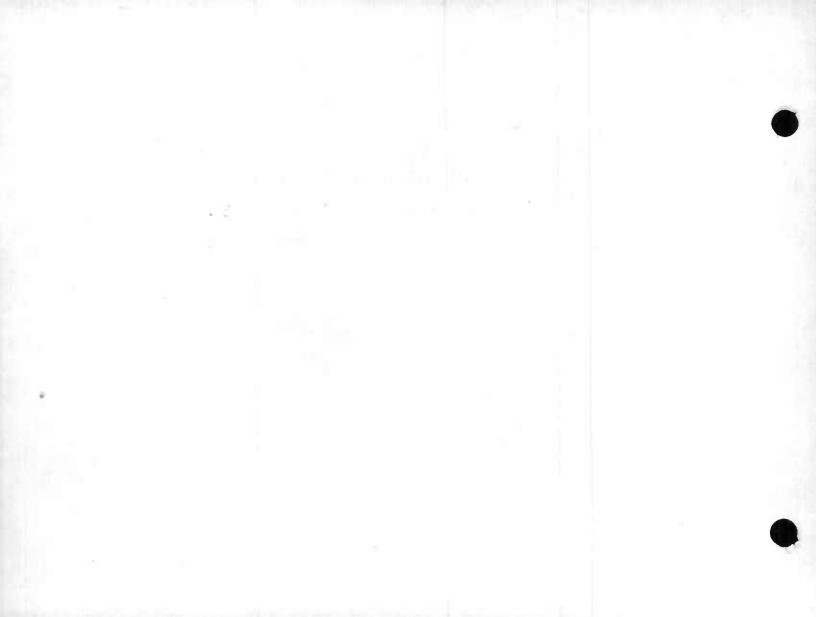




(VRA 15, 4)

VOIDED April, 1985 Certificate Number - Death

85-12287 See May, 1985 James Hancock, 5/4/85 - P.G.



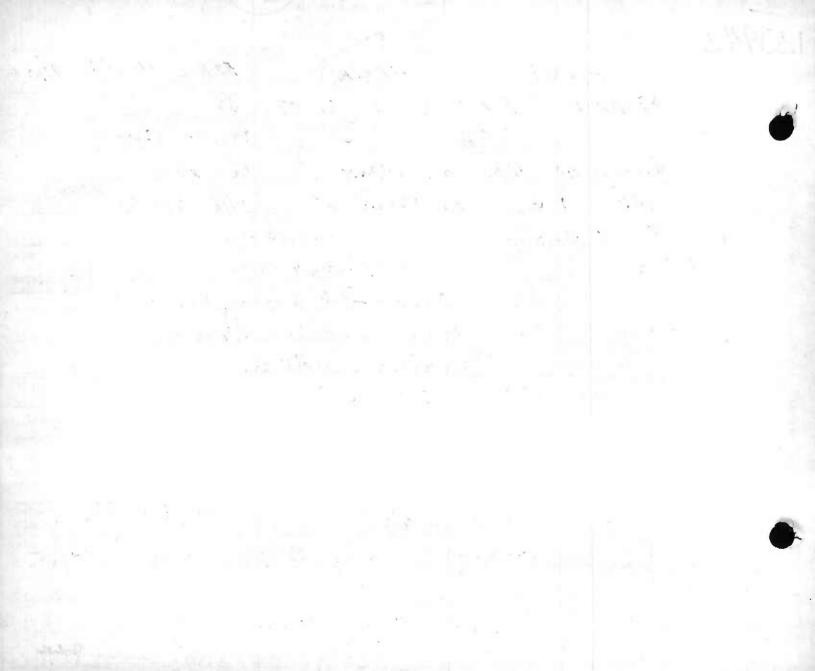
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

57		FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.		
		EASED NAME FIRST Kath	nerine Conahan	HANLON	LAST	April 26 1985	DAY YEAR	26 HOUR 9:45p
3.	SEX	emale	4 RACE Caucasian	MON	of BIRTH  Ch 12, 1901	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 74 P
3	Pe	THPLACE (STATE OR FOREIGN DUNTRY) Ennsylvania	76 CITIZEN OF WHAT COUNT	MARRI		9 BALTIMORE CITY OR COU Prince George	's	
3	La	nham		treet address)	Pr. Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Retired	NG LIFE) INDUSTRY	of BUSINESS ursing
71	Maj	yland Frin	ce Georges Bow		YES X NO	13e STREET ADDRESS / ZIP C 12205 Mackell		20715
01		HER'S NAME FIRST Patrick		ahan	15. MOTHER'S MAIDEN NA FIRST Anna	WIDDLE	Mod	oney
/ 16			ARMED FORCES? GIVE WAR OR DATES) 188-36	-1670	Katherine F.	Brennan sa	me as 13	9
vent, the		8 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	used BY:	RATOR	4 FAZ LUR	2t	BETWEEN	IMATE INTERVA ONSET AND DE
aumatic		Conditions, if any, which	DUE TO, OR AS A CONSI	ECTA:	115.		4	8hRJ
r ather rr		gove rise to immediate cause (a), stating the underlying cause last.		CHICOC	PASTRIC U	-CER.	/	wee.
injury, o		PART 2. OTHER SIGNIFICAN	15EPSIS	•				
i Z		4/20/81	PERFORATED		ICUCCER	YES NO NO IN CE	YES, WERE FINDI ERTIFYING CAUSES YES	NGS USED OF DEATH
	N N	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	a 18 PART I OR PART 2)	
o driked or	WED	WHILE OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE FARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY	STA
n 21 is m	1	sow deceased alive above the idio	r on deceased for the deceased for the form of the second second for the second	15 200 1		death occur on the date and		
F He		ITA SIGNATURA	Skil	. 1		DIRECTOR PHYSICIAN	22c DATE	27
		ROBERTO P	DEPETRIS			LANT FOX LA #	F122 Bou	11E Md
2	(5	JRIAL, CREMATION, REMOVE PECIFY) CMOVAL-BURIAL			erys Cemetery		Luzerne	Penns
7/B4		NERAL DIRECTOR NAME  11 Funeral H	Bell / 16000.	Annapol e. Marv	IS NOW AF	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNAL	andell

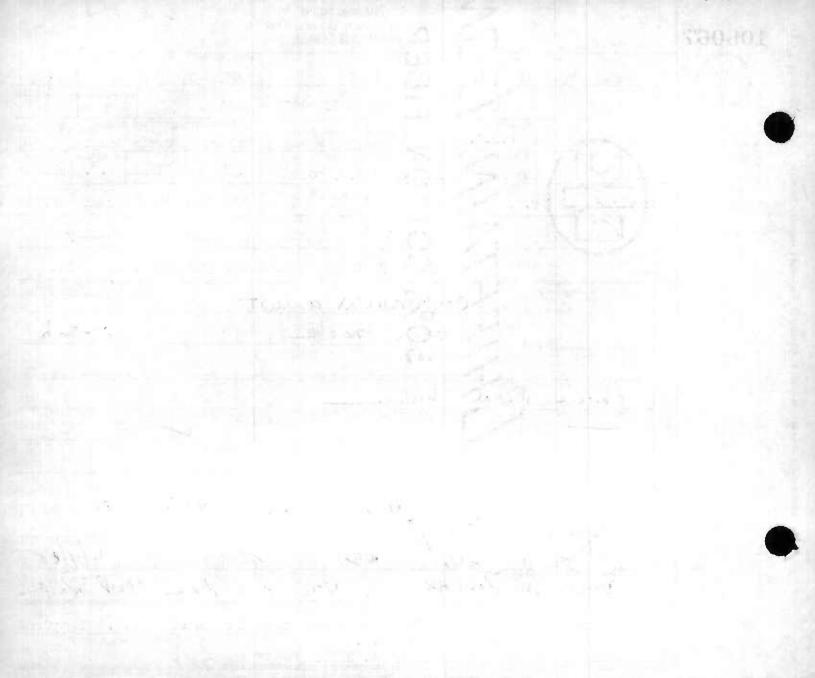
Famul Saucecian Parents, 1901 Sh Ser, Lind Irines corgus foris n 1980; sectel Line 90715 180-16-170 Truncing F. Erunnen same as 13c Accord - article Artil 30 ly 3 The sile size of the continuous flast owners flast the continuous flast flast the continuous flast flast the continuous flast flast the continuous flast flast

9	,	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GTENE 22	9 4
120942		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
may be:		CEASED NAME FIRST OR PRINT)	MIDDLE  ME  A RACE	HARIAN S DATE OF BIRTH	20. DATE OF DEATH MONTH  APRIL 14  6. AGE (IN YEARS LAST BIRTHDAY)	1985 3:10 A
ge 4 i	J.	EMALE	Black	MONTH DAY YEAR 97	88 YRS	MONTHS DAYS HOURS MIN.
deoth. Po	C	RTHPLACE ISTATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Ge	POTGES MD.
oby the filled with	#	YAHS VIILE	MANISON	MANOR	120 USUAL OCCUPATION (TYPOF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR INDUSTRY
AND 211:	130 3	MO P.	OME OR OTHER INSTITUTION GIVE RESIDENCE B COUNTY 13, CITY OR T Seat	Pleasant YES NO	130. STREET ADDRESS 14/8 NYC S	20743 St.
MARYL Completed with Order	1	Allen Bu	MIDDLE LAST	15 MOTHER'S MAIDEN NA HIRST UNKNO	W MIDDLE	LAST
ALTIMORE, te be execut icion and co oers. Pages I II. the medical	16a V	VAS DECEASED EVER IN U.S res, no or unknown) (IF yes	ES GIVE WAR OR DATES)	100 /	MISSOURI-DAU	
OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifico ed by the hospitol or attending physician.  UNERAL DIRECTOR: After this certificate has been signed by the ottending phys dibe detached for use as the burial-transit permit. Then please remove carbon pay the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove RTANT: If them 21 is marked or them 18 shows ony injury, or other traumatic event.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE  the hee be to the he constant (c) DUE TO, OR AS A CONSE  (c) DUE TO, OR AS A CONSE  (c) DUE TO, OR AS A CONSE	outio - Pulmon  outerce of Vas cular  bettes Mellit	discuse	APPROXIMATE INTERVAL BET MEEN ONSET AND DEATH
		PART 2. OTHER SIGNIFICA	initis, I	O DEATH BUT NOT RELATED TO THE TERM  CHOPERATION WAS PERFORMED		
		2)a. ACCIDENT WAS UNDERLYING			YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
	MEDICAL C	OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR A.M. MONTH	DAY YEAR  19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
		sow the decensed alive	. Con of of	- 2	deoth occurred on the date and ho	ur and from the couses stated  22c. DATE SIGNED
To reto	23a. B	URIAL, CREMATION JEMO		IL NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP DHMH - 16 60M 7/73 (VR A 15 (4))	24 FL	urial NERAL DIRECTOR NAME tewart/Fune	WT. Sledd	1985 Ft. Lincoln Benning Road, NE	TE REC'D. BY REGISTRAR 25h REGIS	entwood, Maryla TRAR'S SIGNATURE audion Panders



## STATE OF MARYLAND CERTIFICATE OF DEATH

约	-					IST	20 DATE OF DEATH MON	
1		CEASED NAME FIRST OR PRINT)		MIDDLE				
)	3 SEX	MARJO	RIE D	)	HAR 5. DATE O		APRIL 3, 1	
	3 SE/	Female	Whi	ite	02 <sup>H</sup>	15 1911	74	MONTHS DAYS
65		RTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWEI	NEVER MARRIED	9 BALTIMORE CITY OR CO	
3	10 CI	TY OR TOWN OF DEATH		CH FACILITY, GIVE STREET	IG HOME O	ROTHER INSTITUTION P.G. CO.	12a USUAL OCCUPATION (TYPESF WORK FOR TO STOF WO	cher 12b. KIND
96)	USU/ 13a S	AL RESIDENCE HE NURSING HOME STATE 138 COL Aryland 138 COL			ADMISSION)	13d INSIDE CITY LIMITS?	13°3901 ADDRESS BZU	System Street
64	14. FA	THER'S NAME LOUIS	MIDDLE	Rosenfi	eld	IS MOTHER'S MAIDEN NAME Florida	Dorn	Las
7	16a. V	VAS DECEASED EVER IN U.S. A LES NO OR UNKNOWN)   1 IF YES. (	RMED FORCES?	220-38-		Patricia Orno	dorff (Friend	) Same as
anner troomonic ever		18 CAUSE OF DEATH /Enter PART I. DEATH WAS CAU IMMED!  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, O	OR AS A CONSEQUE	ENCE OF	shock_	2 (,	24.
injury, or amer	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS C	OR AS A CONSEQUE	ENCE OF SEATH BUT	Sho CR_	vinal disease or conditi	on given in part
ony injury, or amer	TIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	DUE TO, O  DUE TO, O  DUE TO, O  CONDITIONS C	OR AS A CONSEQUE  ON TRIBUTING TO DE  ONTRIBUTING T	ENCE OF SEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? 20 IN YES NO 1	ON GIVEN IN PART  IB. IF YES, WERE FIND  CERTIFYING CAUSI  YES
A Source of the state of the st	CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, O  DUE TO, O  CONDITIONS C  196. COND  196. COND  196. COND  A  216. TIME C HOUR A	OR AS A CONSEQUE  ON TRIBUTING TO DE  ONTRIBUTING T	ENCE OF  ENCE OF  DEATH BUT  OPERATION	NOT RELATED TO THE TERM N WAS PERFORMED  216. HOW INJURY OCCURI	20a AUTOPSY? 20	ON GIVEN IN PART  IB. IF YES, WERE FIND  CERTIFYING CAUSI  YES
injury, or amer	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE	DUE TO, O  DUE TO, O  COMDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A  EATH P  21c. PLACE	OR AS A CONSEQUE  ONTRIBUTING TO DESCRIPTION FOR WHICH  OF INJURY  .M. MONTH D.	ENCE OF  DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY? 20 IN YES NO 1	ON GIVEN IN PART  IB. IF YES, WERE FIND  CERTIFYING CAUSI  YES
S shows only inlory, or amer		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION)  21d. INJURY OCCURRED  WHILE AT WORK  22a, I certify that (I) (this has sow the Necessed olive.	DUE TO, O  DUE TO, O  (c)  CONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A  ER)  P  21c. PLACE (AT HOME, ST	OR AS A CONSEQUE  ONTRIBUTING TO I  ONTRIBUTING	ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCUR!  21l LOCATION  STREET	200 AUTOPSY? 20 IN YES NO TO N	ON GIVEN IN PART  IB. IF YES, WERE FIND CERTIFYING CAUSI YES  ITEM 18 PART 1 OR PART 2!  COUNTY
nem 21 is marked or nem 10 shows only injury, or amer		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALL CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION CONTRIBUTING ALL WORK AL	DUE TO, O  (c)  DUE TO, O  (c)  19b COND  19b COND  21b. TIME C  HOUR A  21c. PLACE (AT HOME, ST	OR AS A CONSEQUE  ONTRIBUTING TO I  ONTRIBUTING	ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  STREET  19  d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	20a AUTOPSY? 20 YES NOTER NATURE OF INJURY IN CITY OR TOWN	ON GIVEN IN PART  IB. IF YES, WERE FINE  CERTIFYING CAUSI  YES   COUNTY  COUNTY  19  and how and from the
mem 21 is marked at mem 10 shows only injury, or amer		Conditions, if ony, which gove rise to immediate couse (o1), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION CONTRIBUTION OF COUNTRIBUTION OF COUNTRIB	DUE TO, O  DUE TO, O  CONDITIONS C  19b COND  19b COND  21b, TIME C HOUR A ER)  21c, PLACE (AT HOME, ST	OR AS A CONSEQUE  ONTRIBUTING TO I  OF INJURY (REET FACTORY, OFFICE, F  A ofter death.	ENCE OF  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR!  211. LOCATION  STREET  19. 4  d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  The ADDRESS	200 AUTOPSY? 20 IN YES NO TO NOTE	ON GIVEN IN PART  IB. IF YES, WERE FIND CERTIFYING CAUSI YES  ITEM 18 PART 1 OR PART 2:  COUNTY  19  and hour and from the



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN LTYPE OR PRINTS Oteila OF ESTI-DATE OF BIRTH IF UNDER 24 HRS DATE ISTATE OR NEVER MARRIED WIDOWED DIVORCED 13a. STATE 13e STREET ADDRESS 14 FATHER'S NAME MIDOLE CAUSE OF DEATH (Enter only one couse per line for (o), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO C 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING MEDICAL 21e PLACE OF INJURY (AT HOME 11. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK 270. I certify that I took charge of the remains described above, held an and in my opinion Accident Notural couses Homicide Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL C AFTER DEATH, BALTIMORE, M Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Temple Hills, Md 236 LOCATION COUNTY STATE 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (51)

1.1	STATE O
30023 , FOR	DEPARTMENT OF HEA

## F MARYLAND LTH AND MENTAL HYGIENE

i	2	d'a	7	de

\	' '	REGISTRAR			4411111	FICATE OF DEATH	REG. NO	0		
1		CEASED NAME	Boyo	WIDDLE	Charles ,	LAST Hayes		MONTH	DAY YEAR	26 HOUR
1	(TYPE	OR PRINT)	304	1)	H	Ayes	26 Apr 85)	4 2	6 55	1030
/	3. SE)		4 RA		MONIT	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY)	MONTHS DATS	IF UNDER 24 H
	I	Male	(	Caucasian	Nov	. 9, 1907	77	YRS		
77		RTHPLACE (STATE ORFI	and the second	U.S.A.	OUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED DED TO DIVORCED	9 BALTIMORE CITY O			
9090	Gı	TY OR TOWN OF DEA		Greenbel	L, NURSING HOME ( GIVESTREET ADDRESS)  T NUTSING	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST O Butcher			of Business
BE	13a S	AL RESIDENCE (IF NURSI STATE Aryland	136 COUNTY		YORTOWN	136 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS /	zie copi enbe L	t Road	2017
Capina	14. FA	THER'S NAME FIRST Burnie	MIDDLE P.		LAST Hayes	15. MOTHER'S MAIDEN NA FIRST Minnie	WE		Swin	tz
medical	()	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WAR	FORCES? 16b SO	vailable	Lydelle Hay	es (brother		e View,	s.c.
							arren			
nny injury, ar other troumat	ATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse  PART 2 OTHER SIGN  LOWER  19a DATE OF OPERAT	which lediote g the lost (	(6)  DUE TO, OR AS A C  (c)  DITIONS CONTRIBL  2 Specific Contributions	it Fail	LNOT RELATED TO THE TERM WELL CON WAS PERFORMED		20b. IF YE	S, WERE FINDI	NGS USED
ows ony injury, ar other troumat	TIFICATION	gove rise to imm couse (a), stating underlying couse  PART 2 OTHER SIGN  COMME	which lediote g the lost (	(6)  DUE TO, OR AS A C  (c)  DITIONS CONTRIBL  2 Specific Contributions	CONSEQUENCE OF UTING TO DEATH BUT	SCUD LNOT RELATED TO THE TERM WRE, PER	iinal disease or oon Week	70b. IF YE	wor	NGS USED
riked or Item 18 shows ony injury, ar other troumah	MEDICAL CERTIFICATION	gove rise to imm couse (a), stating underlying couse  PART 2 OTHER SIGN  COMME	which lediote g the lost	DUE TO, OR AS A CONTRIBLE  DITIONS CONTRIBLE  19b. CONDITION FOR AM. MCO P.M.  21b. TIME OF INJUR HOUR A.M. MCO P.M.	CONSEQUENCE OF  UTING TO DEATH BUT  TOTAL  OR WHICH OPERATION  Y  ONTH DAY YEAR  19	SCUD LNOT RELATED TO THE TERM WRE, PER	VINAL DISEASE OR OON!  200 AUTOPSY?  YES   NO	70b. IF YE JN CERTII YE RY IN ITEM 18	S, WERE FINDS	NGS USED OF DEATH?
if flem 2.1 is morked or flem 18 shows ony injury, ar other troumah		gove rise to imm couse (a), stating underlying couse  PART 2 OTHER SIGN  COVING  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COURT (IF ETHER NOTHY MEDIC 21d INJURY OCCURR AT WORL NOT WHAT AT WORL  22a.1 certify that (I)	which lediote g the lost    IIFICANT CONI    IIFICANT CONI    ION    ERLYING    AUSE OE DEATH AL EXAMINER    IEE    K (this hospital) of the lediote of the	OUE TO, OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR CONDITION FOR CONDITION FOR CONTRIBUTION FOR A.M. MC P.M.  The place of Injury (AT HOME STREET FACTOR)	CONSEQUENCE OF  UTING TO DEATH BUT  THE REPORT OF THE REPO	INOT RELATED TO THE TERM  ON WAS PERFORMED  216. HOW INJURY OCCUR  216. LOCATION  STREET  19  nd that in (my) (our) opinion  DEGREE  ATTENDING	VINAL DISEASE OR OON INCLUDED TO AUTOPSY?  YES NOTE NATURE OF INJURE OF INJU	70b. IF YE IN CERTII YI RY IN ITEM IS	S, WERE FINDING CAUSES ES PART I OR PART 21	NGS USED OF DEATH? NO STATE
MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumon	MEDICAL	gove rise to imm couse (a), softim underlying couse  PART 2 OTHER SIGN  21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOT4*) MEDIC 21d INJURY OCCURR AT WORK NOT WHILE NOT WHILE AT WORK OD COURR 27a.1 certify that (I) Sow the deceose obove (I) (Me) (d 27b. SIGNATURE	which hediate g the lost    IIIFICANT CONI    II	DUE TO, OR AS A CONTRIBLE  DITIONS CONTRIBLE  19b. CONDITION FOR THE CONDITION FOR THE CONDITION FOR THE CONDITION FOR THE CONTRIBLE THE CONTRIBUTION FOR TH	CONSEQUENCE OF  UTING TO DEATH BUT  OF WHICH OPERATION  Y  ONTH DAY YEAR  19  IRY  ORY OFFICE, EARM, ETC.)  Sed from  Onth.	INOT RELATED TO THE TERM  INOT RELATED TO TH	AINAL DISEASE OR OON!  200 AUTOPSY?  YES NO PROPER NATURE OF INJURE  CITY OR TO  CITY OR TO  ABBICAL STAF  DIRECTOR PHYSICAL  FLY UNA	70b. IF YE JN CERTII Y! RY IN ITEM IS	COUNTY  COUNTY  19  10  10  10  10  10  10  10  10  10	NGS USED S OF DEATH? NO  STATE
MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumon	WEDICAL MEDICAL	gove rise to imm couse (a), softing underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a, ACCIDENT WAS UND OR CONTRIBUTING COURT WHILE NOTH AT WORK AT WORK AT WORK AT WORK  22a.1 certify that (1)  Sow the deceose obove (1) we) (d  22b. SIGNATURE	which lediote g the lost    IIFICANT CONI    IIFICANT CON	DUE TO, OR AS A CONTRIBLE  DITIONS CONTRIBLE  19b. CONDITION FOR  21b. TIME OF INJUR HOUR A.M. MCO P.M.  21c. PLACE OF INJUR (AT HOME STREET FACTOR)  withen body offer de	CONSEQUENCE OF  UTING TO DEATH BUT  THE CONTROL OPERATION  YOUR OFFICE, EARM, ETC.)  Sed from  19  23c NAME OF 6	THE LOCATION STREET  ATTENDING PHYSICIAN [	INAL DISEASE OR JONI  200 AUTOPSY?  YES NO RED CENTER NATURE OF INJUR  CITY OR TO  ABOUT A CONTROL OF THE DESTRUCTION OF THE DE	70b. IF YE IN CERT III YE III YE III YE III YE III YE III YE III Y	S, WERE FINDING CAUSES ES PART I OR PART 21  COUNTY  19 S  ur ond from the	NGS USED SOF DEATH? NO   that (I) (we) I couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar attending physician.

TO HOSPITAL OR

BP.

Capitol Funeral Service, Fall's Church, VA

MAY

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## STATE OF MARYLAND

1.	STATE REGISTRAR			EALTH AND MENTAL I	HYGIENE	REG. NO		
	CEASED NAME FIRST	MIDDLE	l.	A51	20. DATE OF D	EATH MONTH	DAY YEAR	2h HOUR
(TYP	Danie1	М.	Hawkins			4/1	19/85	9:25A M
3. SE		4 RACE	5. DATE C	PF BIRTH	6 AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	25 .	Black	MONTH	19/191	1 74		MONTHS DATS	HOURS MIN.
70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	COUNTRY? 8		- 9 BALTIMORE	CITY OR COU	NTY OF DEATH	1
T	Jaryland	USA		NEVER MARRIED  DIVORCED	PRINCE	_		
	ITY OR TOWN OF DEATH		ITAL, NURSING HOME O		12a USUAL OC		12b KIND C	OF BUSINESS OR
	CLINTON		LITY, GIVE STREET ADDRESS) LARY LAND HOS	PITAL	Inspec	TOP	Gas INDUSTRY	Light Co
13a	AL RESIDENCE (IF NURSING HOME OF THE STATE 136 COL	JNTY LI3c (		134 INSIDECTY LIMITS			Park Ro	d. 2061
14 F.	Carroll	міодіє На	wkins	15 MOTHER'S MAIDEN Mamie		AIDDLE	Moo	re
160	WAS DECEASED EVER IN U.S. A	SIVE WAR OR DATEST	78 07 3018	Marion H	lawkins S	ADDRESS	1	1 5
	18 CAUSE OF DEATH LENter PART I. DEATH WAS CAUS IMMEDI.  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS	A CONSEQUENCE OF	Vascular Lero tiè	Acei a Vuece la		34	IMATE INTERVAL ONSET AND DEATH OPEN AND DEATH
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C	R CONDITION	GIVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPS		YES, WERE FIND! RTIFYING CAUSES YES [	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN			21c. HOW INJURY OCC	CURRED (ENTER NATUR	E OF INJURY IN ITEM	(18 PART 1 OR PART 2)	
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME STREET FA	JURY SCHOOL OFFICE FARM ETC.)	211 LOCATION STREET	YM ED	TITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did)	on 4//8/05	19 01	id that in (my) (our) opin	to, to	in the date and		that (1) (we) last couses stated
	22) SIGNATURE	X8 . Ja	42	DEGREE ATTENDIN PHYSICIAN	G MEDICAL DIRECTOR	STAFF PHYSICIAN [	Sere PITE	19/85
	DR B. PEACOCK			127e ADDRESS 4273 Branch	Ave., Te	mple Hi	11s, Md.	20748
	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATO	RY 23d LOCATE	ON	· · · · · · · · · · · · · · · · · · ·	
	Burial	4/ 24/	85 Union	Bethel CF	I. Branc	dvwine	PG	Md -

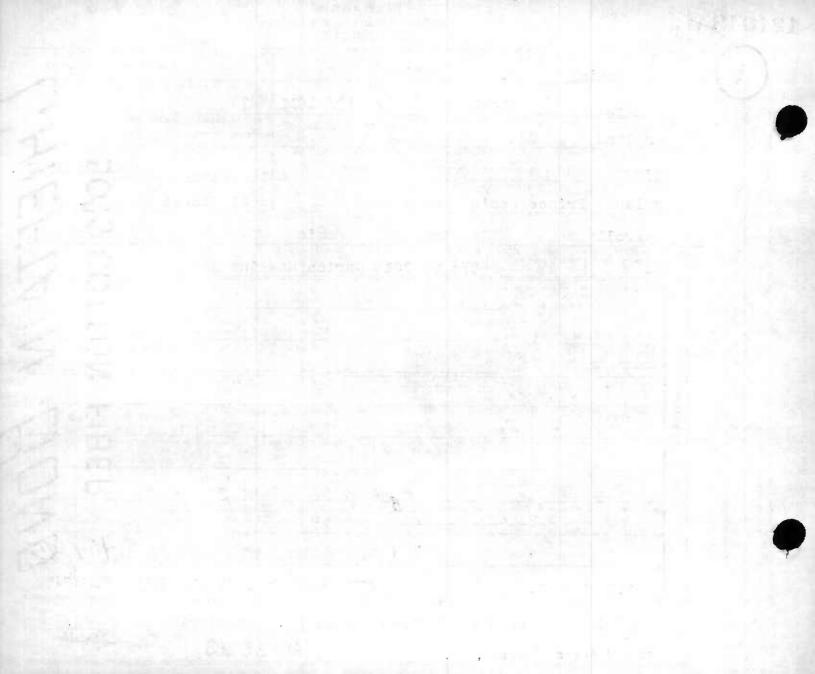
DHMH - 16 60M 7/84 (VRA 15, 4)

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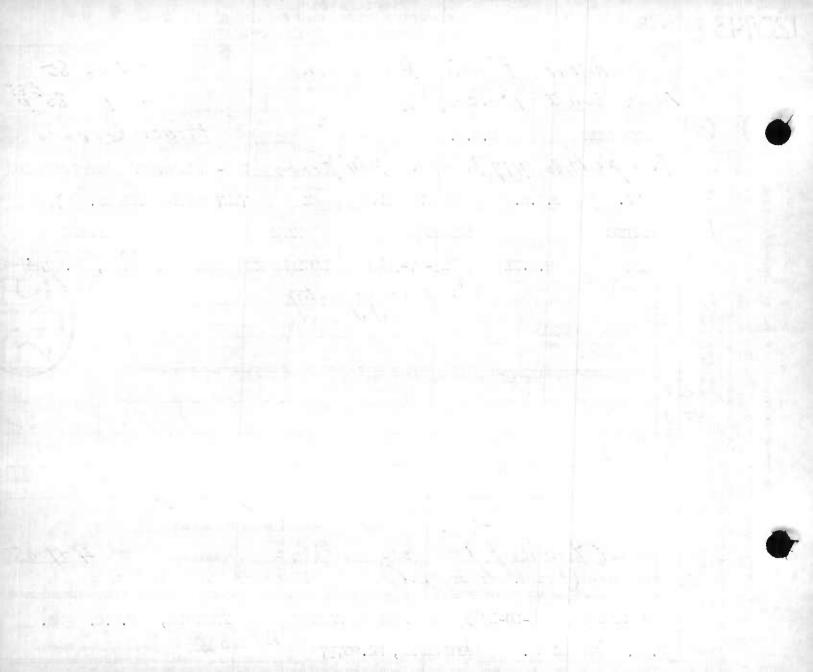
Martell Adams Aquasco, Md.

24 FUNERAL DIRECTOR

APR 2 6 1985



120	9438	1-	FOR STATE			DEPARTMENT O	HEALT			2 2 9	in the second
140	1700		REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.	
	ET S.S. S. ET.		CEASED NAME E OR PRINT)	thur	Franc	MIDDLE HOL	ndei	rson	20 DATE K OF DEATH	ESTI-	16 1985 M
	ARY, PLEASE DIRECTOR COUR FILES V72 HOURS	3. SE)	ale La	)hite	5. DATE OF BIRTH	YEAR 6. AGE IN LAST BIRTI			R 24 HRS. 2c DATE MIN PRONOUNC DEAD	CED 4-19	DAY YEAR 24 HOUR
6	S NECESSARY, PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D, WITHIN 72 HOURS WAS STON STREET,		RTHPLACE (STATE OR REIGN COUNTRY)  NEW YORK	OR C	75 CITIZEN OF WI	HAT COUNTRY?	Te	RIED X NEVER MAR	RIED 📙 🔼	RECITY OR COUNT	Y OF DEATH
	PESES S	ID. C	TY OR TOWN OF D			PITAL, NURSING HO	ME, OR OTH		FOR MOST OF WORK		126 KIND OF BUSINESS OR INDUSTRY
21201	RETAIN DELA	USU/ 130 S	TATE	136 COUNT	ΓY	VE RESUMICE BEFORE ADMIT		13d. INSIDE CITY LIMITS?	13e. STREET ADDRES		CONSTRUCTION
MD. 2	2,8,8	14. Fz	Md.	P.G		TEMPLE HI	حسل	YES X NO [		PLE HILL F	D. 20748
RE, N	DEATH. GES 1, 2		GEORGE		MIDDLE	ENDERSON		MARY	MID		OLLAND
BALTIMORE,	JRS AFTER DE B. GIVE PAGE WITH FORM I. PAGES I AN DIVISION OF	16a V	VAS DECEASED EV ES, NO, OR UNKNOWN) YES	(IF YES, GIVE V	MED FORCES? WAR OR DATES) W • II	113-07-56		LUCILLE	HENDERSON	ADDRESS 206 LOTHIAN	BOONES DR. V. Md.20711
:	L NEW GALL		18 CAUSE OF DE		y ane cause per live BY:	Por (a), (b), and (c).) Ander n	up	raltur			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST			Canditions, i	f any, which	DUE TO, OR		9-11				
201 W. PI			gave rise t cause (a) stat lying cause la		DUE TO, OR	AS A CONSEQUENC	E OF				1,635
RECORDS, 20	EXECUTION IN ING. ING.		PART 2 OTHER SIGNIFIC	CANT CONDITIONS	(c)	BUT NOT RELATED TO THE TE	RMINAL DISEAS	SE OR CONDITION GIVEN IN I	PART 1 (a)		
AL RECO	A SEALS OF S	CERTIFICATION	190 DATE OF OPE	RATION	196. CONDI	TION FOR WHICH OP	ERATION V	VAS PERFORMED?			2D AUTOPSY?
N N	S. O. H. P. B. P.	RTIF	21a. EXTERNAL CA	AUSEWAS	21b. TIME OF	INTERV	[21, H	OW IN HUBY OCCUPE	RED (ENTER NATURE OF INJU	PV (N.1771) 16 0 1071 1 00 0 1	YES NO P
DIVISION OF VITAL	CERTIFICATE SHITING THE WORD DED TO THE CI E 3 SHOULD BE I E DEPARTMENT (I) IPRIOR TO BUI	CALC	UNDERLYING (CONTRIBUTING (	OR CAUSE OF D	HOUR A.M	I. MONTH DAY YE	AR		CED (ENTER MATORE OF MA)O	RT INTEM TO PART I OR PA	(12)
DIVIS	E. THIS CERTIFICATE E. WRITING THE V EWARDED TO THE PAGE 3 SHOULD STATE DEPARTME 21201 PRIOR TO	MEDICAL	21d INJURY OCCI WHILE NO AT WORK AT	URRED OT WHILE WORK	21e PLACE ( STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		STREET	CITY OR TOW	N COU	UNITY STATE
	CATE FOR THE S AND,		22a I certify th		e of the remains des	Assidant Assidant	Autop Suicide			and in my ap	inion
1	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DESTAMENT THE BALTIMORE, MARYLAND,		ACTUAL /	Acces	or couses La	Accident   ,	Suicide L	TITLE (SPECIFY)  Deputy	Undetermined mar	DATE	11-19-85
,	MEDICAL SE 4 SHO FUNERAL TIMORE,		EXAMINER'S NAM	AF AUCUSTO	P. Rodriga	ez. Mo.	-	N.D.	ayburn Ct., Te	NER SIGNE	
	PAGE NO FILE	730 0	(TYPE OR PRINT) URIAL, CREMATION			23c. NAME OF C	EMETERY	ADDRESS		*	
07/84	BP	(1	CREMATIO		4-20-1985			MATORY	23d LOCATION CITY OR TOWN RIVERDA	LE, P.G.	
25M	DHMH - 17	24. F	UNERAL DIRECTOR		ADDRESS		714	250. DA		25heREGISTRAR'S S	GNATURE
	(VR A15 ME (5))	W	. W. CHAI	MBERS C		RIVERDALE,	Md.20	737	2 2 1905	Sicha Davids	in-Nandall



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
		CEASED NAME FIRST BEV	ERLY	HERVEY	t/	AŚT	20 DATE OF DE	04 11	85	10 57AM
1	3. SEX	(	4. RACE	5	DATE O		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		Female	Black	1	NOV.	04 -04-	37	YRS		BOURS MIN.
1	_ C	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.(	76 CITIZEN OF WHA		MARRIED	NEVER MARRIED		GEORGE	TY OF DEATH	MD.
		TY OR TOWN OF DEATH CHEVERLY	11. NAME OF HOSP	ITAL, NURSING	HOME O	ROTHER INSTITUTION AL HOSPITAL		CUPATION RMOST OF WORKING	LIFE) INDUSTRY	PE BUSINESS OR
1	USUA 13a. S	AL RESIDENCE (IF NURSING HOME TATE		ESIDENCE BEFORE AD	MISSION)	1134 INSIDE CITY LIMITS?	13e.STREET ADD		my	0785
1	M		_	ndover		YES NO		Landov	-	-, 00
1		THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	IDDLE	LAS	
1		James		Chambei	rs	Catherin		Ann		Lmer
†	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURIT		17 INFORMANT		ADDRESS		
	n		GIVE WAR OR DATES)	77 84 (	0958	Barbara Cha Brightseat	Road.	sister Lanham	. Mary]	land
I		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per tine f	or (0), (b), and (	C I	00-101 1	ITAR		BETWEEN	MATE INTERVAL ONSET AND DEATH
ı			ATE CAUSE (0) HC	ULE MI	4001	ARDIAL I	NFARC	1100		
1			DUE TO, OR AS	A CONSEQUENC	CE OF_	0.1.				
ı		Conditions, if ony, which	DUE TO, OR AS	ARDIO	GEI	vic SHO	CK			
ł		gove rise to immediate couse (a), stating the	DUETO OPAS	A CONSEQUENCE	CEOE	-2.	0001	- 0	2	
J		underlying couse lost.	VE	NTRICE	ULA	R PACHYA	ALKICH A	THMIH	1	
		PART 2 OTHER SIGNIFICANT	107							g .
1	S									
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPS	IN CER	YES, WERE FINDIN	OF DEATH?
4	ERT	2 a ACCIDENT WAS UNDERLYING	716 TIME OF INJ	LIDV		21¢ HOW INJURY OCCURR			YES	но 🗌
1		OR CONTRIBUTING CAUSE OF D		MONTH DAY	YEAR	THE HOW INJOH! OCCORN	(ENIER NATUR	OF INJUNY IN HEM I	B PART OR PART 2)	
	CA	LIF EITHER NOTIFY MEDICAL EXAMIN			19					
	MEDICAL	21d INJURY OCCURRED	21 e. PLACE OF IN		M, ETC }	211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
1	~	AT WORK AT WORK								
1		22a. I certify that (I) (this has sow the deceased alive of	1 4 4 4	eosed from	4	d that in (my) (our) opinion of	to	n the date and h	, 7	that (I) (we) lost
1		obove, (I) (we) (did) (did)	not view the body ofter	deoth.		DEGREE			22¢ DATE	
		Za. SIGNATURE Y	Sira	2			MEDICAL DIRECTOR	STAFF PHYSICIAN	4.1	3.85
/		22d PHYSICIAN'S NAME TYPE	PIN CH			BLADENCE	PURG	APOLIS MD	2071.	= 9
7	23a B	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d. LOCATIO			
		Buz lal	April	16. 1985	5 Li	ncoln Memor	ial Cel		tland.	Marvlan
1	24 FL		Howent.	111				- C U	ISTRAR'S SIGNAL	
	5+	ewart Funera	al Home-4	ADDRESS	nin	a Pond M At	R 23 10	85 side	Davidson-6	fandalla
1	DC	ewayt runer	11 nome-4	ANT PEL	$\Pi \Pi \Pi \Pi$	g Road, N.E.		W 1		·

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospitol

14 4 1 Me 1 TWATERSON TO SELECT MANY CONTRACT COST IN CONTRACT

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

050 110

112 0 10 1 11 11						REG.	NO.		
DECEASED NAME	WILL		F. HESS		LAST	20 DATE OF DEATH	04 2	7 85	3 15PM
SEX		4. RACE		5 DATE		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male		White		7-	13-1925		59 YRS	MUNIHS DATS	HOURS MIN.
BIRTHPLACE (STATEO COUNTRY)  Wash D	-		WHAT COUNTRY?	8	D NEVERMARRIED	PRINCE GE	OR COUNT	Y OF DEATH	M
CHEVERLY		11. NAME OF	HOSPITAL, NURSIN	G HOME	PRAL HOSPITAL	120. USUAL OCCUPA (TYPE OF WORK FOR MOS Painte	TOF WORKING L		OF BUSINESS OF
UAL RESIDENCE (IF NU STATE Md.	13b COU		130 CITY OR TOWN		134. INSIDE CITY LIMITS? YES A NO	13. SIREET ADDRESS	ZIP COD 20th	(20 Avenu	782) e
FATHER'S NAME Bern	ard	P.	Hess:	ler	15 MOTHER'S MAIDENNA  Cathari	ne M.		Ardee	
(YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	579-30-		17 INFORMANT  Catharine			., D.C	1.,N.E
PART 2 OTHER SIC	GNIFICANT I	ailure	aspira	tion	NOT RELATED TO THE TERM  PREU MO NIE			VEN IN PART 1:	
DIFF						YES NO		FYING CAUSES ES	NO [
OR CONTRACTOR	CAUSE OF DE	ATH HOUR A	YAULMI TO M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART   OR PART 2)	
(IF EITHER NOTIFY MEI  21d. INJURY OCCU  WHILE NOT V AT WORK AT W	MHILE ORK		OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR		COUNTY	STATE
	sed plive or	1/	27 10 8	20	nd that in (my) (our) opinion	deoth occurred on the			that (I) (we) los couses stated
226 SIGNATURE	m les	on 7	m.D.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN	4- Z	SIGNED
P. THO	MARE	Lyons			22e. ADDRESS				
230 BURIAL, CREMATION					CEMETERY OR CREMATORY	23d. LOCATION		I OUNTY	STATE
Crematio	n	4-29-	-85 Ft	.Lin	coln Cremat	ory Bren	twood	Pr.G	eo. Md

DHMH - 16 60M 7/84 (VRA 15, 4)

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IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove corban popers. Pageshwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event,

Nalley's F.H.Inc. Mt.Ralmier, Md.

MAYENE BUSSETRAR IS REGISTRAR'S SIGNATURE

The second secon 130014

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR		DEPART		HEALTH AND MENTAL FICATE OF DEATH	TYGIENE	REG. NO.			
	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE C	F DEATH MONTH	DAY	YEAR	2b HOUR
- (1	TYPE OR PRINT] ROBEI	RT	R. H	CKERN	NELL		04	26	85	8 35 A
3.	SEX	4. RACE		5. DATE (		6. AGE (IN	YEARS LAST BIRTHDAY)	IF UNI	DER TYEAR	IF UNDER 24 HRS
	Male		nite	02	27 1917	68		RS		HOURS MIN.
4.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C.	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	DIVORCED	PRINC	ORE CITY OR COL			MD.
10	CHEVERLY		HOSPITAL, NURSIN		OR OTHER INSTITUTION	(TYPE OF WO	OCCUPATION RK FOR MOST OF WORK	NG LIFE) IN		F BUSINESS OR
13 13	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU  Maryland F	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Hyattsv	/N	13d. Inside City Limits Yes 🛣 no 🗌		ADDRESS / ZIP (		e 20	0784
14	FATHER'S NAME FIRST Russell	MIDDLE	Hicker	nell	15 MOTHER'S MAIDEN FIRST  Iona	NAME	MIDDLE M.		Rubl	
16	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS			
L		V. II	579-01-	5901	Margaret Hi	ickernel	1 (Wife)	Sam	e as	13e
1	couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CARCINOMA O	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TE			I GIVEN IN	N PART 110	
TIESC AT	CARCINOMA O	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUT	OPSY? 20b. I	F YES, WE ERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH?
		HOUR A.		AY YEAR	21c. HOW INJURY OCC	CURRED (ENTERN	ATURE OF INJURY IN ITE	M 18 PART I C	OR PART 2)	
10200	OR CONTRIBUTING CAUSE OF DI  LIFETTHER, NOTIFY MEDICAL EXAMINI  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET		CITY OR TOWN		YTHUO	STATE
	22a   certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (fild n		1 -	PJ.	nd that in (my) (our) apin	, to	ed on the date and			that (1) (we) lost causes stated
	22b. SINATURE	nle	acad	ay:	ATTENDING PHYSICIAN	G MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	126/8
	228. PHYSICIAN'S NAME (TYPE	OR PRÍNT)	GACA	Ð	22e. ADDRESS 64	NDOVER,	MER 2078	5		
23	Burial, cremation, remova (SPECIFY)  Cremation	L 23b. DATE 4/27/8			litan Cremato	CIT	ATION YORTOWN Exandria	N/A	YINI	Virgini
24	Francis Gasch's	Sons Fur	neral Hom	e, P.	A. 25a.	DATE REC'D. BY	REGISTRAR 25b. RE			
	4739 Baltimore A	venue Hy	yattsvill	e, Md	. 20781	8 YAN	1985 July	David	loon-A	andelle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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MAN HAM STANDARD STAN

- STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE CERTIFICATE OF DEATH

Falls Church

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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be detached te State Dept. ORTANT

REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH FIRST 7h HOUR Ruth April 7, 1985 Louise Hood 2:45P 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR Sept. 12. 1911 White Female TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. DIVORCED Prince George's County WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Prince George's General Hospital Cheverly Housewife Own Home JOUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13n STATE 113h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE P.G. Maryland Lanham 9123 Fowler Lane 20706 YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Charles Ricks Ada Johnson 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Address Same as IYES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 578-24-3610 Mr. Redman E. Hood No# 13e. No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and it PART ), DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF CELEBIO VENTULA 127 Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 cherus obbrich dus, dr CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED The PLACE OF INJURY 21f. LOCATION STREET CITY OF LOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on Alive That above, (I) (Me) (did) (did not) View The body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN April 8,1985 PHYSICIAN 27e ADDRESS Till Bergemann, M.D. 115 Centerway - Greenbelt, Maryland 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

Natl. Mem. Park Cem.

4-10-85

Gasch's Sons F.H. P.A. Hyattsville, Maryland APR

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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kateriv '	Frankli of te	. et 176 . etc .		a physical	

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122047	1 -	FOR STATÉ REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		0 0
15	1. DECI	ASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
// 0 7 =	(TYPE C	Henry	Charles	Houck	April 22, 1985	1010 PM
д бой	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 60 4		Male	Caucasian	Feb. 9, 1903	82 yrs.	MONTHS DAYS HOURS MIN.
death. Page	CC	HPLACE (STATE OR FOREIGN UNTRY)  Bryland	76. CITIZEN OF WHAT COUNTRY?  USA	**MARRIED ** NEVER MARRIED ** WIDOWED **DIVORCED **	9. BALTIMORE CITY OR COUNTY Prince George	
L offer	10. CIT		11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 2512 Knighthi)	NG HOME OR OTHER INSTITUTION	17d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  Retired	126. KIND OF BUSINESS OR
2120 hours hours be fin	USUAI	RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		
ND 24 h			e Georges Bowie		2512 Knighthi	
tely f		HER'S NAME	- 01	15. MOTHER'S MAIDEN NA	ME	
complet		Harry	Albert Ho	ouck Teres	a Regina	Walsh
RE, A		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC		ADDRESS	Wad Dir
ificate be executed within 24 hours physician and completely filled in b spapers. Pages 1 and 2 should be fill moral.			577-56-	3633 Marie F. Hou	ick same as	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cert had by the attending please remove carbot urial, crematica, ar retraumatic e, arrather traumatic e.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  OUE TO, OR AS A CONSEQUE  (c) A D E NO  ONDITIONS CONTRIBUTING TO	ESTIVE HEA	RT FAILUR 51 CM Ø I D MINAL DISEASE OR CONDITION GIV	4 HONTHS
NG PHYSICIAN: The law requirateration of Physician.  after this certificate has been signost the burial-transit permit. Then thank mental Hygiene prior to be acked are them 18 shows any injury arked are them 18 shows any injury arked are them 18 shows any injury and mental them.	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?
ON OF VITAL RE HYSICIAN: The le ding physician. is certificate has bound!-transit per Mental Hygiene. or item 18 shows		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
DING PHYSICIA or attending p After this certifice as the burial- alth and Menta marked ar Item	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TTENDI pital ar TOR: A for use of Heal			attended the deceased from.	, 19 7	death accurred on the date and hav	19_\$5, that (I) (and) last and from the causes stated
the he he had he had he had he had he Dep		226. SIGNATURE LOUGH	Corma		MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED Apr. 23, 1985
O HOSPITAL etained by the TG FUNEFIAL having be det with the state with the state		JOHN CO	cto Mil	14300 CA	ILLANT FOX	BOWLE, HD.
BP		RIAL, CREMATION, REMOVAL Burial	April 25, Ft	NAME OF CEMETERY OR CREMATORY  Lincoln Cemetery	Brentwood, Prin	ce George's, MD
DHMH - 16 50M 4/83 (VRA 15, 4)		NERAL DIRECTOR Kett	e Bowie	Annapolis Road 250 DA AP	TE REC'D. BY REGISTRAR 256. REGIST R 2 9 1985 Filia Da	RAR'S SIGNATURE

21. 5, 1,03 merce 12. Anyloge Centres Prince Centres Egic with money constitution in Sign u<u>i</u>r e (1)08 on the bring 21(2 on the opine onite of the control of the c Tarry . Alero Done: Person Regina viol --- 5/7-56-3635 larie 3. Houck sames as 130 ALT. 23, 1935 un el licol de continuo, Prince Continuo es l'appen i out amagolis noce Holl where one said, is solly

010	1-	FOR STATE				MENT OF	HEALTH		TE OF DE	_	2 3	U	9	
7	1. DE	REGISTRAR CÉASED NAM E OR PRINT)	E FIRST	771151	WIDDLE	EXAMIN	ILK 5 CI	AST	TE OF DE		REG. NO.	MONTH DA	Y YEAR	25 HOUR
03	,,,,	LORTRIGIT	Mae		Owen	s	F	lughes		DEATH /	MATED [	4/30	19 85	A. M
28	3 SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UND		UNDER 24 HRS	2c. DATE	-ED	MONTH DA	Y YEAR	27 4945
EZZ.	Fe	emale	White		1904	0 -	RS. MONTHS	DAYS	DURS MIN	DEAD	LED	4/30	19 85	A. M
		RTHPLACE (S	STATE OR	76. CITIZEN OF WH		ITRY?	8. AAADDIE	D NEVER	MARRIED [	9. BALTIMO	ORE CITY OR	COUNTY OF	DEATH	
55		reign country) rginia		U.S.A	١.		WIDOWE		ONORCED	Prin	ce Geç	prge's	Count	У мр
_		TY OR TOWN		11. NAME OF HOS	PITAL NU	RSING HOM	E, OR OTHE	R INSTITUTIO	N 12a US	SUAL OCCUP	ATION (TYPE C	OF WORK 17b	KIND OF BU	SINESS
			a Park			TREET ADDRESS)				pply B			oal Co	
35	13a S		13b. COUN	or other institution, GIV TY e George 's	13c. CITY	OR TOWN	Park	3d. INSIDE CITY L Yes 🛣 - I	13e. ST	REET ADDRES	s umbia	Avenue	≥ 2078	5
0		ATHER'S NAM		WIDDLE		LAST		FIRST	MAIDEN NAM	MIE	DDLE		LAST	
)		herwoo			Owe	ens		Josep			erine	Jo	ohnson	
	16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURIT	YNO.	7. INFORMAL	NT (Daugh	iter)	ADDRESS			
		IO	N,		236-	-22-118	89	Eliza	beth H.	Poole	, Same	e as Li	ine #1	3
		18. CAUSE C	OF DEATH (Enter an	ily ane cause per line	far (a), (b	), and (c).)						BE	APPROXIMATE	INTERVAL
		PARTID	EATH WAS CAUSE	D BY: TE CAUSE (a) AC	ute	mvocar	dial d	disease						
2			MAREDIA			SEQUENCE								
OR REMOVA			ins, if any, which											
			ise to immediate ) stating the under-		AS A CON	NSEQUENCE	OF.							
	14	lying ca	use last.											
		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATEO TO THE TERM	AINAI DISEASE	OR CONDITION GIT	VEN IN PART 1 In					
	z			one		THE TENE	MITTER STREET	on constiton of	TEN HET PART 1 G					
_	5	19a. DATE O	FOPERATION		TION FOR	WHICH OPER	RATION WA	SPERFORME	D?			20	AUTOPSY:	?
7	CERTIFICATION	12											YES 🗆	NO X
	ERT	Nor	AL CAUSE WAS	21b. TIME OF	INJURY		21c HO	W INJURY OF	CURRED (ENTE	R NATURE OF INIII	IRY IN ITEM 18 PA	ART 1 OR PART 21	153 [	NO IAI
3	ILCE	UNDERLYIN	G DOR	HOUR A.M	. MONTH									
-	CA	CONTRIBUT	ING CAUSE OF	DEATH P.M.		19	21f LOC		Vone					
	MEDICAL	WHILE	UNOT WHILE L		TORY, FARM, E			REET		CITY OR TOW	N	COUNTY		STATE
		AT WORK	AT WORK											
		22a. 1 cert	ify that I taak char	ge af the remains des	cribed abo	ave, held an	Autaps	, [], Ir	rspection .	Inquiry	and	in my apinian	1	
			ted fram: Natu		Accident		uicide .	Hamicide		etermined mai		, , , , , ,		
		acum resur	ico irain.	1	- Accident	2	, c.ue	TITLE (SPEC		o.o.minea mai				
		ACTUAL	1	000	1			Den		DICALEVANI	IN IED	DATE	4/30/	85
-		SIGNATURE		-	-	7m	M.I		1919 Sen	DICAL EXAMI	Road	SIGNED	1/ )0/	
1	-	EXAMINER OT THE	NAME Joh	n S. Roger	rs. M	.D.			Silver S			gomery,	Md.	
	23n R		TION, REMOVAL					CREMATORY	( 23d L	OCATION				
	1	SPECIFY)							CII	Y OR TOWN	4.0-	COUNTY		TATE
	24 Fi	Bur		5-4-1985 Sons Fune	ral I	onte V	Isra I	ark Ce	metery DATE REC'D.	E L LICE BY REGISTRAF	25b REGIS	TRAR'S SIGN	ATURE	а
				Avenue, Hy					MAY	8 1985	18		70 .	
	4	/Jy Ba	Itimore F	ivenue, ny	alls	ville,	riai y i	.allu		O RES	Therend	WWW AND	hands	

1) 101 Formie Wille Sep. 5, 1954 80 Haryland Frince George's Columbia Perk 18 1 1609 Columbia Avenue

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John J. Rogers, R.D. Silver Spring, Schiggers, Mr.

Columbia Farel 2609 Columbia Avenus - Columbia Columbia

Prince Some of a Control

4/30 65 4

Selve Sampana Station

1051/14	1.	FOR STATE REGISTRAR		DEPARTM	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH		2 3	0 2	
moy be		EASED NAME FIRST RUB	Y B	MIDDLE	tur	1+1		O401	YEAR 21	7:00 Pm
4 9 0	SE)	emale	RACE Caucasia	an	5. DATE O	st 29, 1911	6. AGE (IN YEARS LAST BIR	THDAY) IF U		HOURS MIN.
deoth. Fage funeral direction 72 hours	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)  est Virginia		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OF PRINC		EOR1	GE'SO.
by the	C	LI NTON	South	PERON	ADDRESS)	HOSPITAL	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST C Sales Cl	OF WORKING LIFE)	126 KIND OF EINDUSTRY  Retail	Sales
fille ould	13a S Ma:	ryland Prince	VIA	GIVE RESIDENCE BEFORE 134 CITY OR TOW  Clinton	N I	13d INSIDE CITY LIMITS?	3410 Delar	ZIP CODE	et (20	735)
ompletely 1 and 2 sh	C	THER'S NAME narles H. Board		LAST			tta Shaver	V = V	LAST	
be executed on and comp s. Pages 1 ar		VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (1F YES SI D)	MED FORCES? VE WAR OR DATES)	579-10-		Thelma W. S	mith - Same			
certificate ting physicia rbon popers rr removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per D BY: TE CAUSE (a)	tine for (a), (b), and	1333	ic shock			APPROXIMA BETWEEN ON:	SET AND DEATH
that the death cer d by the attending ease remave carbo ol, cremation, or re		Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last.	DUE TO, OI	R AS A CONSEQUE	ENCE OF	ocardul Rt	husting fails	~	5	
n signed Then pl	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	1		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
low s been sony s ony	CERTIFICATION	190 DATE OF OPERATION			OPERATION	N WAS PERFORMED	YES NO.	YES [	G CAUSES O	
R AT FENDING PHYSICIAN: The hospital or ottending physician, hospital or ottending physician. RECTOR: After this certificate has hed for use as the burial-transit pept of Health and Mental Hyguenten 11 is marked or hear 18 show tem 21 is marked or hear 18 show	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	P.,	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN LIEM 18 PART	OR PART 2)	
DING PHY or ottendi After this se as the bu olth and M marked or	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
spitol or CTOR: A Ifor use of Heoli		220.1 certify that (I) (this hasp naw the strength of the or ations, (I) (we said I did no	4	e deceased from	3-, on	d that in (my) (our) opinion	death occurred on the d	ote and hour an	_	ot (I) (we) lost ouses stoted
0 % 0 % 0 %	(	22b. SIGNATURE	1 (0)	ulan	-		MEDICAL STA DIRECTOR PHYSIC	FF CIAN []	22c. DATE SIG	GNED - 85
TO HOSPITAL retained by th TO FUNERAL should be dete with the State		Robert (14PE)	Hari	The second second second	N.D		TOWN Rd.	Suite	hnh-	md
BP		urial, cremation, removal specify Burial	April	5, 1985 (	Cedar	METERY OR CREMATORY Hill Cemetery	Suitlar	nd, Mary	Tand	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4) 66	I.	INERAL DIRECTOR Lee E Old Alexander E		ADDRESS		aryland 25 APK	e rec'd. By registrar 9 1985	25b REGISTRAF	S SIGNATUR	delle

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11	3080
w requires that the death certificate be executed within 24 now pater death. Fage 4 may be	been signed by the attending physicion and completely filled regions through director, page 3 mit. Then please remove carban popers. Pages 3 and 2 strand reflect in this Zonars after death orient to buriol, cremation, ar removal.

this certificate has

TENDING PHYSICIAN: The

retained by the haspital or

TO FUNERAL DIRECTOR. After this certificate hos should be detached for use as the busial-transit pewith the State Dept. of Health and Mental Hygiene

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Riverdale  OSUAL RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE   IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE   IT NOT COLOR   IT N	DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.
Male  Male  Caucasian  To BIRTHPLACE   ISTATE OR FOREIGN   TO CITIZEN OF WHAT COUNTY CONNECTICUT  W.S.A.  OCITY OR TOWN OF DEATH   11. NAME OF HOSPITAL    Riverdale   12. NAME OF HOSPITAL    OUT ON TOWN OF DEATH   13. NAME OF HOSPITAL    OUT OF WHAT COUNTY   13. NAME OF HOSPITAL    Maryland   13. COUNTY   13. CITY    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF DEATH IENTER ONLY ONE COUNTY   13. CITY    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC    OUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER IN U.S. ARMED FOR COUT OF WAS DECEASED EVER	iam Husker	April 12, 1985
COUNTY OR TOWN OF DEATH Riverdale  SUAL RESIDENCE IN MURSING HOME OR OTHER INSTITUTION OF RESIDENCE IN MURSING HOME OR OTHER INSTITUTION OF RESIDENCE IN MARY LAND  136 STATE MAPPING  14 FATHER'S NAME GEORGE  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. MACRUMKNOWN)  18 CAUSE OF DEATH LETTER ONLY ONE COURSE DET INC.	5. DATE OF BIRTH 09" 02 1°902	6 AGE (INYEARS (AST BIRTHDAY) IF UNDER TYEAR IF UNDER 7.  82 YRS PAGE (INYEARS (AST BIRTHDAY) IF UNDER 7.
Riverdale  SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE  A FATHER'S NAME GEORGE  (YES, NYOR UNKNOWN)  WIF YES, GIVE WAR OR DATES)  WWI & WWII 136	OUNTRY? & MARRIED NEVER MARRIED WIDOWED X DIVORCED	Prince George
Maryland 136 COUNT. 12 CITY Maryland 136 COUNT. 12 CITY FATHER'S NAME GEOTGE S. H  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NYOS UNKNOWN) (IF YES, GIVE WAR OR DATES) WWI & WWII 136.	l, nursing home or other institution give street address) nan Avenue	Office Manager 126 KIND OF BUSINES INDUSTRY Sloane Ins
George S. H.  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NYOR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWI 1 36.	erdale   13d INSIDE CITY LIMITS?	13-STREET ADDRESS / ZIP CODE 6004 Norman Avenue 20737
(YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 136	usker Elizabetl	
18 CAUSE OF DEATH lEnter only one cause per line	-01-1412 Christopher	R. Husker (Son) Same as 13e
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	ONSEQUENCE OF	7
	TING TO DEATH BUT NOT RELATED TO THE TERM  SEQ SE  OR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
HOUR AM MO	NTH DAY YEAR	YES NO A YES NO RED (ENTER NATURE OF INJURY IN JIEM 18 PART   OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK  AT WORK AT WORK		city or town county sta

DEGREE ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL ADIRECTOR PHYSICIAN

STAFF

and that in (my) (aux apinion death accurred on the date and hour and fram the causes stated

220 DATE SIGNED 4-13-85

Turkewitz, M.D. Dr. Stuart I.

7500 Greenway Center, Greenbelt, Md. 23d LOCATION
CITY OF TOWN
Alexandria 23c. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/84

MPORTANT: If Item 21 is

4/13/85 Cremation

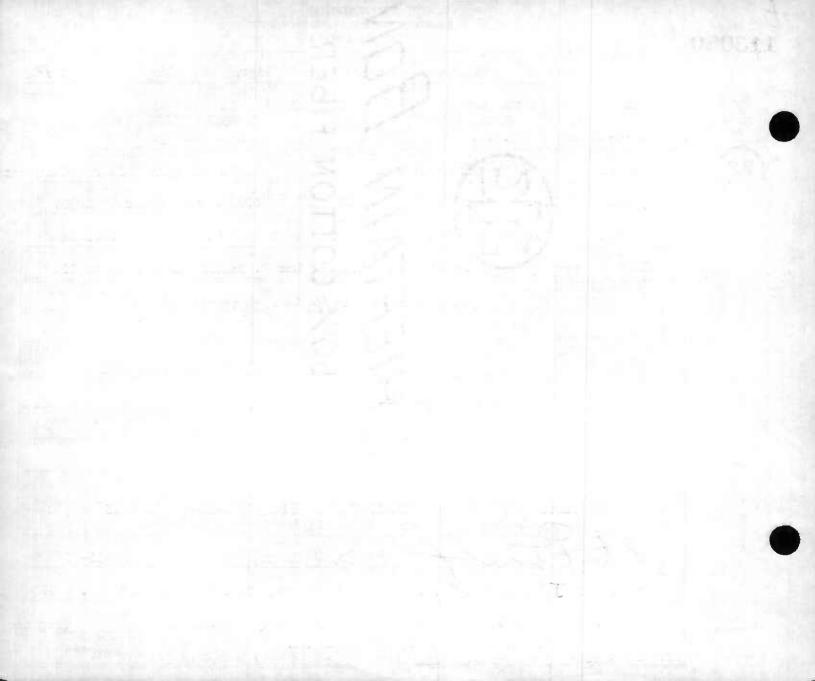
23a BURIAL, CREMATION, REMOVAL

Metropolitan Crematory

Virginia

Presentation 4739 Baltimore, Ave. Francis Gasch's Sons Funeral Home 4739 Baltimore, Ave, Hyattsville, MdAFK

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ب		PARTID	EATH VALAC CALLES	ED BY: ATE CAUSE (a) AC			disease				BETWEEN ONSET	AND DEATH
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OF HEALTH AND MEI URIAL, CREMATION, O		lying ca	use last.								7.4	
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Norsky 1919 Seminary Road Silver Smins, Montgowery, Mc.	. Hogora, M.D.	John S	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTIAL HYDIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 127006 REGISTRAR REG. NO 1. DECEASED NAME . DATE KNOWN MONTH (TYPE OR PRINT) F. SAMUEL TNDOLFI DEATH MATED 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE 1085 Oct.11,1938 Male White DEAD Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Prince George WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 3015 ANT Avenue Alderton Ave. Office Secy Defensered. Gov. Fort Washington 13e. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Prince George Fort Washington YES X 3015 Alderton Ave Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ralph A. Indolfi Florence Lupis 160 WAS DECEASED EVER IN U.S. ARMED FORCEST 16b. SOCIAL SECURITY NO 17. INFORMANT Mother (YES, NO OR UNKNOWN) Mrs. Florence Indolfi, Frederick, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate WINER: THIS CERTIFICATION OF THE WORD THE WEIGHT EXAMINED THE CHIEF MEDICAL EXAMINED TO THE CHIEF MEDICAL EXAMINED BE USED AS A BURIAL-TRESTOR. PAGE 3 SHOULD BE USED AS A BURIAL-TRESTATE DEPARTMENT OF HEALTH AND MENT THE STATE DEPARTMENT OF HEALTH ON, OF cause (o) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 20 AUTOPSY? 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFFER DEATH, WITH THE SIS, BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held an Inspection Natural causes Y death resulted fram: Accident Homicide TITLE (SPECIFY) 4/26/1985 MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodbiguez, M.D. ADDRESS 5009 Rayburn Ct., Temple Hills, Md TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 4-29-1985 Comberland, Allegany, Md. Burial SS. Peter & Paul Cem. 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE James F. Scarpellers Cumberland, Md. 21502 **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	
DECEASED NAME TYPE OR PRINT)	VE PLUMLEY	IVERSON		26 HOUR 8:30A M
sex Female	4. RACE Caucasian	5. DATE OF BIRTH MONTH March 3 1900	6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER MONTHS	DATS HOURS MIN
BIRTHPLACE (STATE OR FOREIGN COUNTRY) orth Carolina	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES COUNTY	
CLINTON	(IF NOT IN SUCH FACILITY, GIVE STRE	ND HOSPITAL	Tize USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING 11FE)  Chief File Section M	kind of Business or ustry aritine Com
ryland Prin	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE OUNTY 131. CITY OR TO NOCE GEORGE OXON	Hill YES NO [	13e STREET ADDRESS / ZIP CODE 1515 Ferguson Lane	20744
FATHER'S NAME FIRST Milas	Wallas Thomps		MIDDLE	oberts
WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SES		1515 Ferguson Lane Oxon Hill, Md.	
PART I. DEATH WAS CA	DIATE CAUSE (0)	OUENCE OF	Carcinoma 1	APPROXIMATE INTERVAL TIMEN ONSET AND DEATH
PART 2 OTHER SIGNIFICAL  COMMAND  190 DATE OF OPERATION	NT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM  CHOPERATION WAS PERFORMED	TENDES OF CONDITION GIVEN IN P  TENDES OF CONDITION GIVEN IN P  TO BE SEED OF CONDITION GIVEN GI	rokes
710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR I	PART 2)
214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E FARM ETC) 211 LOCATION STREET	CITY OR TOWN COL	STATE STATE
	and who the body ofter death		MEDICAL STAFF DIRECTOR PHYSICIAN	11.0.01
BURIAL, CREMATION, REMO (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	23d LOCATION Suitland P.G.COUNT	Maryland"
FUNERAL DIRECTOR NAME PORGE P. Kalas	.616		TE REC'D BY REGISTRAR 256. REGISTRAR'S S	

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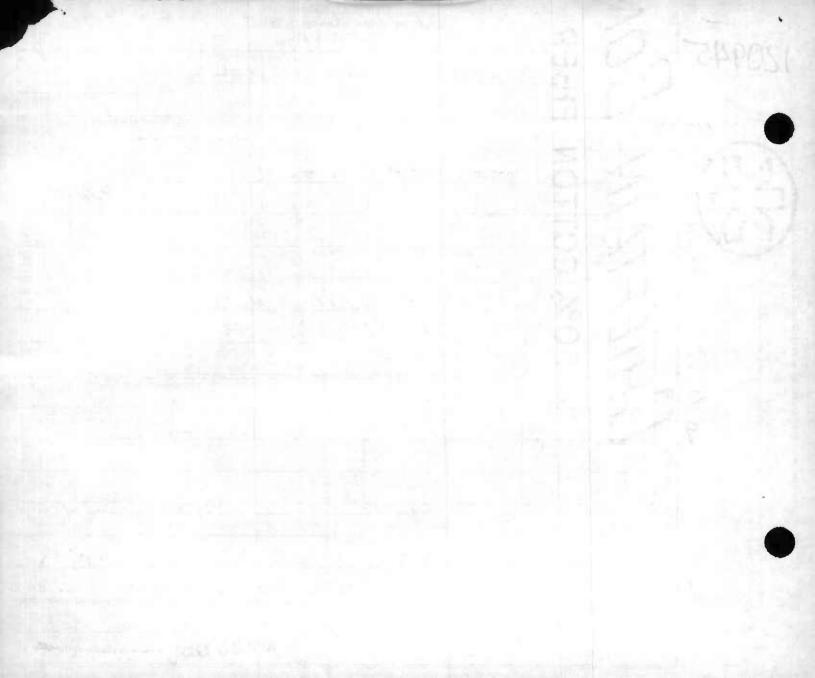
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO LAST 2n DATE OF DEATH MONTH DECEASED NAME 26 HOUR April 12, 1985 9:24P Rosabella **JACKSON** Monroe 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 24 1914 70 Female Black Aug. 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's WIDOWEDX DIVORCED [ Wash..D.C. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Doctors' Hospital of Pr. Geo. Co Lanham Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Greenbelt 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland PG 7716-301 Hanover Parkway 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jenny Steptoe Lewis Monroe 17 INFORMANT 7716-301 Hamover Parkway-Green-160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. [ IF YES, GIVE WAR OR DATES] Charles W. Powell, Jr.son-belt, Md. 09 6244 no I CAUSE OF DEATH Enter only one couse per line for roll PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERAL 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? INJERTIFYING CAUSES OF DEATH? NO YES [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE FITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC ) STREET WHILE NOT WHILE 17x I curtify that It I this has not insteaded the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN TORECTOR PHYSICIAN 22 d PHYSICIAN'S NAME (TYPE OF PRINT) 831 Univ. Blvd. E., Silver Spring, Md. 20903 Lewis H. Dennis M. D. 230 BURIAL, CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Harmony Memorial Park Burial Landover . Md. 24. FUNERAL DIRECT 134 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Benning Road N.T.

DHMH - 16 60M 7/84 (VRA 15, 4)

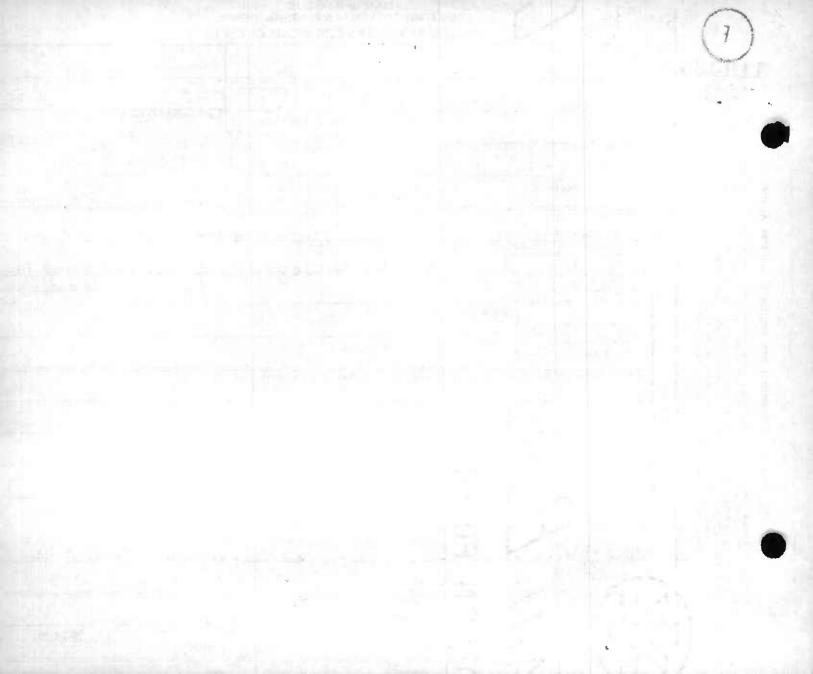
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40 170	1 - STATE			DEPARTMENT OF H			YU		
	REGISTRA		7712	MIDDLE	LAST	CATE OF DEA	20. DATE KNOWN	NO.	AY YEAR THE MICHIES
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SECOND SE			MONTH DAY	YEAR LAST BIRTHDA		HOURS MIN	PRONOUNCED DEAD	1 4 - 1 4	2 24 2
SAR YOU STOP	Male 70 BIRTHPLACE	White	May 22		8 4-		9 BALTIMORE CIT	TOR COUNTY O	F DEATH
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AY IS NECESSAR THE FUNERAL I AGE 5 FOR YO FILED, WITHIN	, 10 CITY OR TO			SPITAL, NURSING HOME.			UAL OCCUPATION		KIND OF BUSINESS
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S STANDS S	Maryla Maryla	nd list con	P.G.	Laurel	13d. INSIDE CI YES 😿	NO Rt	# 2 - 137	7A 20707	Graver Co.
MD.	FATHER'S N	AME		-	15. MOTHE	ER'S MAIDEN NAME	" <u> </u>		<u> </u>
	Robert		MIDDLE	James, Sr.	Mar	tha	MIDDLE	Bla	nd
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1	EXAMINER'S	NAME Ann	M. Dixon,	M.D	•		ADDRESS_	111 P	enn S	St., B	alto.	, MD	212	01	
230	BURIAL, CREM	ATION, REMOVAL	36 DATE	23c. I	NAME OF CEA			ORY	23d. LOC	ATION		COU	INTY	STATE	141
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26055	Ľ	STATE REGISTRAR CEASED NAME	MEDICAL EXAMINER'S CERTIFI	AENTRA HYGIENE  ICATE OF DEATH  REG. NO.  120 DATE KNOWN MODERN DAY YEAR 126.
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TOUR FILE STREET	La	take place Apr	DAY YEAR LAST BIRTHDAY) MONTHS DAYS	HOURS MIN PRONOUNCED 4-28 1985
S FOR	FC	D.C. U	.S.A. WIDOWED	Prince George's
S PAGE	10	pt / Hylite 59	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IN SUCCESSION OF INTERPRETABLE SUCCESSION OF THE PROPERTY O	TUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINI OR INDUSTRY)  Retired-Inspector A.A.F.
A SECTION AND A	IJa S		ASTIMATION, GIVENESSENCE BEFORE JOMISSION)  (I) C. CITY OR TOWN  G. CAP. Hgts. YES TO	(ITY LIMITS? 13. STREET ADDRESS 20/43
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S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HON RITING THE WORD." PENDING". IN PENCIL IN ITEM ROBE TO THE CHIEF MEDICAL EXAMINER ALCING 3 SHOULD BE USED AS A BURIAL. TRANSIT PERM SE DEPARTMENT OF HEALTH AND MENTAL HYGER.		Canditions, if any, which gave rise to immediate couse (a) stating the <u>underlying cause last.</u>	(b) DUE TO, OR AS A CONSEQUENCE OF  (c) UNG TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ION GIVEN IN PAST 1 IO
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E≯¥¥E	WED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	TIE PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN COUNTY
XAMINER: ERTIFICATE BE FOR MECTOR: WITH THE		220. I certify that I taok charge of the death resulted from: Natural cause	S . Accident . Suicide . Hom	Inspection . Inquiry . ond in my apinion  nicide . Undetermined manner .  (SPECIFY)
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, M	1	EXAMINER'S NAMADIGUSTO P	. Rodriguez M. B	medical examiner  DATE SIGNED 4-27  SIGNED 4-27  SOUTH RAYBURN CT. Camp Springs, Mc
4 BP	73(	IRIAL CREMATION, REMOVAL 725 DATE	185 ARLINGTON NAT'L	. CEM. FT. MYER, VA.
M .	1 24 F	JNERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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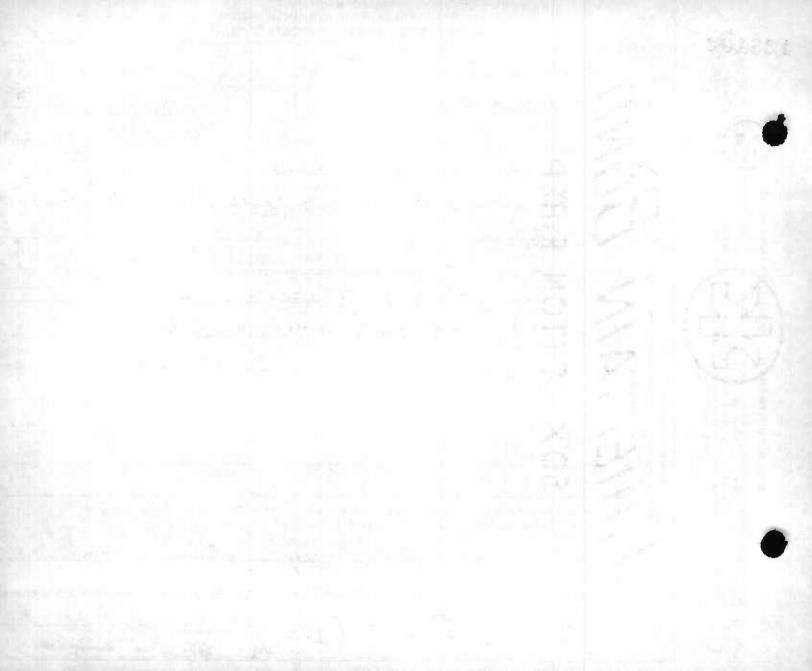
CERTIFICATE OF DEATH

REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX white 6 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: NOMA IMMEDIATE CAUSE to ACONSEQUENCE OF ULMONARY EOEMA Conditions, if ony, which gove rise to immediate couse (o), stoting the ARTERY DISFACE underlying couse NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO T NOX 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 71e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from 4.26 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED DEGREE 226. SIGNATURE MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774. PHYSICIAN'S NAME (TYPE OR PRINT ANNAPOLIS ADENSBURG MO 2071-73c NAME OF CEMETERY 230. BURIAL, CREMATION, REMOVAL WASHINGTON COMETERY BURIAL ADERPHI, 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR with Mandall

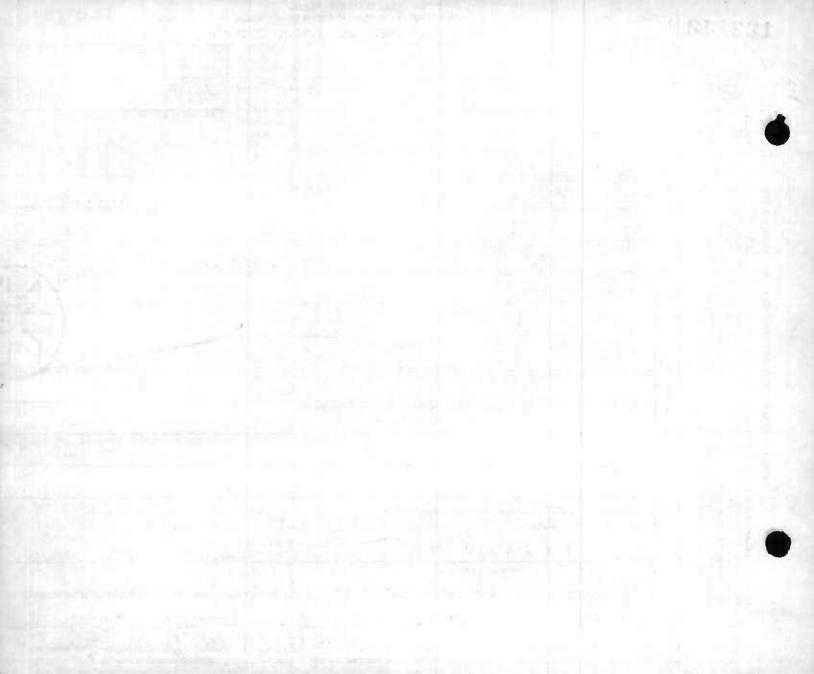
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ATTER NYE PA NGES SION		10	WAR OR DATES	214 60 71	93   Vera Jo	154 Long Ridge hnson-mother	Md.
2 KOE 25		18 CAUSE OF DEATH (Enter an	ly one cause per line	for (a) (b) and (c)			APPROXIMATE INTERVAL
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR AFIER DEATH, WITH THE BALTMORE, MARYLAND	22- 0	The second secon	Th DATE	36 NAME OF CEMET	ADDRESS	23d LOCATION	
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7.314/	DHMH - 17 (VR A15 ME (5))		hornton		ral Home	Pomo	onkey,Md	. 2064	100	25 198	5 gilia	200	GNATURE CONTRACTOR	6



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the kuneral affector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 fours after death with the State Oppts of Health and Mental Hygiene prior to burial, cemarian, or removal. 4 may be offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

BP. DHMH - 16 50M 4/83

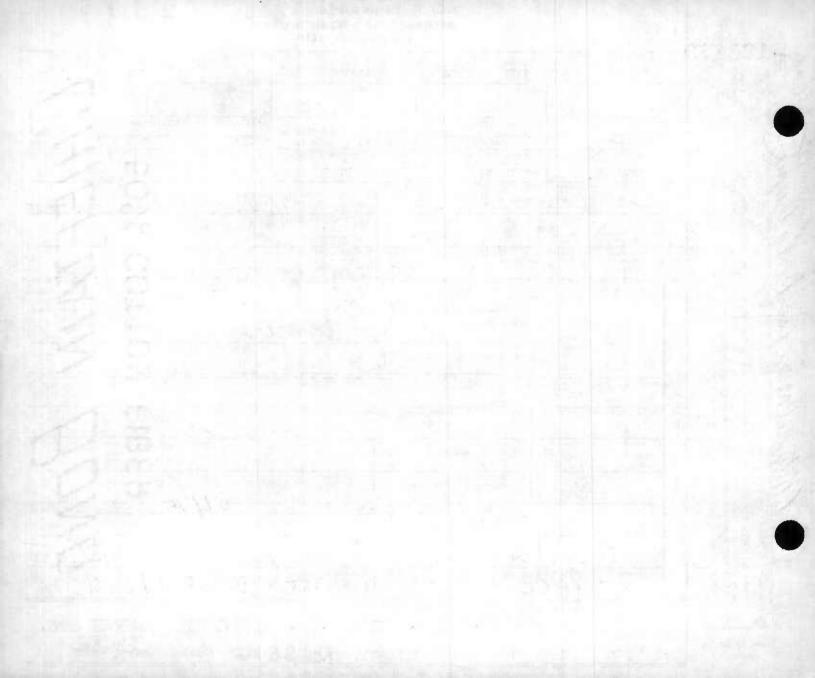
(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	2	3	1 4	
CERTIFICATE OF DEATH	REG. 1	NO.			
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
la unican		4	11	85	4125

JER'S NAME FIRST  SOLECASED EVER IN U.S. NO OR UNKNOWN)  I. CAUSE OF DEATH LENT PART I. DEATH WAS CA	4 RACE Whit  Th CITIZEN OF U.S.A  11. NAME OF UFNOTINSU LELAT  OR OTHER INSTITUTION OUNTY  ANDOLE  ARMED FORCES?  S. GIVE WAR OR DATES)  er only ane couse pe	WHAT COUNTRY?  A.  HOSPITAL, NURSIN, CHEACHTY, GIVESTREET A  LA METROTIA  GOVE RESIDENCE BEFORE  13c. CITY OR TOWN	S DATE O MONTH OR S MARRIET WIDOWE G HOME O CORPRESS ADMISSION)	O1 08  OX NEVER MARRIED DO DIVORCED DIR OTHER INSTITUTION  pital		MONTH DAY  A / / / / / / / / / / / / / / / / / /	95 4 INDER I YEAR IN U	091
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ALE  HPLACE (STATE OR FOREIGN INTY)  PW Jersey  OR TOWN OF DEATH IVERTALE  RESIDENCE (# NURSING HO.  ITE  ITE  ITE  ITE  ITE  ITE  ITE  IT	4 RACE Whit  76 CITIZEN OF U.S.A  11. NAME OF LEIAT  MFOR OTHER INSTITUTION OUNTY  AND LE  ARMED FORCES? S. GIVE WAR OR DATES)  er only one couse pe	WHAT COUNTRY?  A.  HOSPITAL, NURSING CHEACHITY, GIVE SIRRETAL METROTIA  I. GIVE RESIDENCE BEFORE ITAL CITY OR TOWN TAKOMA  LASS  JOHNSON  166 SOCIAL SECUL	S DATE O MONTH OR 18 MARRIEL WIDOWE G HOME O OPPESSION ADMISSION PARK	F BIRTH  O1 08  NEVER MARRIED  D DNORCED  R OTHER INSTITUTION  PITA1  13d. INSIDE CITY LIMITS?  YES NO  15 MOTHER'S MAIDEN NAME FIRST	9. BALTIMORE CITY OF Prince GO 120. USUAL OCCUPAT (1797E OF WORK FOR MOST OF M	YRS.  DR COUNTY OF EOTGE'S  TON TECH.  ZIP CODE ROLL  DA	DAYS HOU DEATH County, 12b KIND OF BU INDUSTRY ELECTR  1AST	URS USINES
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OR TOWN OF DEATH  IVERCALE  RESIDENCE (# NURSING HO, LTE  PIRST  NULS  S DECEASED EVER IN U.S  NO OR UNKNOWN)  (# YE  L CAUSE OF DEATH LENT  PART I. DEATH WAS CA	II. NAME OF UF NOT INSU LE LAT.  OR OTHER INSTITUTION OUNTY  MIDDLE  ARMED FORCES?  S. GIVE WAR OR DATES)  er only ane couse pe	HOSPITAL, NURSINGHARIUTY, GIVE STREET A METROTIA	WIDOWE G HOME O ADDRESSI ADMISSION)	D DNORCED DIR OTHER INSTITUTION  PITAL  13d. INSIDE CITY LIMITS?  YES NO D  15 MOTHER'S MAIDEN NAMED OF THE STANDARD OF THE ST	120. USUAL OCCUPAT (199E OF WORK FOR MOST OF  130. STREET ADDRESS  8/1/3 CAM  ME  MIDDLE	TECH.  ZIP CODE  (ROLL A	12b. KIND OF BU INDUSTRY ELECTR	091
OR TOWN OF DEATH  IVERTALE  RESIDENCE (# NURSING HO.  ITE  ITE  ITE  ITE  ITE  ITE  ITE  IT	MODIE  ARMED FORCES? S. GIVE WAR OR DATES)	CHEACHLY, GIVE STREET A  MEMOTIA  GIVE RESIDENCE BEFORE  134. CITY OR TOWN  TAKEMA  16b. SOCIAL SECUL  16b. SOCIAL SECUL  16b. SOCIAL SECUL  170. TAKEMA  170. TA	G HOME O	ROTHER INSTITUTION  PITAL  13d. INSIDE CITY LIMITS?  YES NO  15 MOTHER'S MAIDEN NAMED FIRST  ALINA	(IVPE OF WORK FOR MOST OF MOST	OF WORKING (IFE) TECH.  / ZIP CODE AL	ELECTR  LAST	091
RESIDENCE (# NURSING HOLTE LITE	MODILE  ARMED FORCES?  S, GIVE WAR OR DATES)	TAKOMA  LAST  JOHNSON  16b SOCIAL SECUL	PARK RITY NO.	13d. INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NAA FIRST ALINA	13e STREET ADDRESS 8/13 OAM ME MIDDLE	ZIP CODE ANDLL AND	ELECTR  1AST	091
IER'S NAME FIRST S DECEASED EVER IN U.S NO OR UNKNOWN) I. CAUSE OF DEATH LENT PART I. DEATH WAS CA	MDDLE  ARMED FORCES?  S. GIVE WAR OR DATES)  er only one couse pe	TAKOMA  TAKOMA	PARK	YES NO DIS MOTHER'S MAIDEN NAME FIRST ALINA	ME MIDDLE	DA	15. 2 VIELSE	091
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I, CAUSE OF DEATH (Ent PART I, DEATH WAS CA	s, GIVE WAR OR DATES) er only one couse pe			17 INFORMANT	ADDR			V
CAUSE OF DEATH (Ent	er only one couse pe	078-07-7	71.				1	-
PART I. DEATH WAS CA	er only one couse pe		605	MARION O.	JOHNSON, 8	3/13 CH	APPROXIMATE BETWEEN ONSET	= (
PART I, DEATH WAS CAUSED BY:								
gove rise to immediat couse (a), stating th underlying couse los	DUE TO, C	PR AS A CONSEQUE	NCE OF					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES NOTE:  210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)							IN PART Ira	
DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	IG CAUSES OF E	
OR CONTRIBUTING CAUSE C	F DEATH HOUR A	M. MONTH DA		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INTL	JRY IN ITEM IB PART	I OR PART 2)	
Id. INJURY OCCURRED	21e, PLACE	OF INJURY		211 LOCATION		2014	COUNTY	SIA
WHILE NOT WHILE I	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	JWN	COUNIT	SIA
20.1 certify that (I) (this I		4 /	3	10 19 85		11 19_	85 , that (	0.
	e on/ id not) view the body	alter death.			death accurred on the d	lote and hour an		
22 SIGNATURE								
JERALA A	REINSA	HAGEN.	MD	5600 54H	AVE RIVE	SAMLE	MO	
RIAL, CREMATION, REMO			AME OF C	EMETERY OR CREMATORY	23d. LOCATION		CHNIV	STA
BURIAL	APRILI	S.1985 EN	STM	ANCHESTER CENETE	Ry Manch	ustic	Cox	en
A A A A A A A A A A A A A A A A A A A	OVE TISE TO IMMEDIATE TO THE SIGNIFICATION OF THE S	ACCIDENT WAS UNDERLYING ACCONTRIBUTING ALL CARTING ALL	anditians, if any, which over rise to immediate puse 1a1, stating the nderlying cause lost.  ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TOE OLD STROKE  DATE OF OPERATION  B. ACCIDENT WAS UNDERLYING ACCONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)  B. INJURY OCCURRED  AT WORK ALWORK  OLD CERTIFY that (1) (this hospital) oftended the deceosed from sow the deceosed plive on obove. (1) (well (find) (did not) view the body alter death.)  DERALLA A REIN SHAGEN  ALL CREMATION, REMOVAL  235. DATE  ARL CREMATION, REMOVAL  236. DATE  ARL CREMATION, REMOVAL  237. DATE  236. NATURE  DERALLA A REIN SHAGEN  ARL CREMATION, REMOVAL  238. DATE  236. NATURE  DERALLA A REIN SHAGEN  ARL CREMATION, REMOVAL  238. DATE  236. NATURE  DERALLA A REIN SHAGEN  ARL CREMATION, REMOVAL  238. DATE  236. NATURE  DERALLA A REIN SHAGEN  ARL CREMATION, REMOVAL  238. DATE  236. NATURE  DERALLA A REIN SHAGEN  ARL CREMATION, REMOVAL  238. DATE  236. NATURE  DERALLA ARL CREMATION, REMOVAL  239. DATE  ARL CREMATION, REMOVAL  230. DATE  ARL CREMATION, REMOVAL  231. ARL CREMATION, REMOVAL  232. DATE  ARL CREMATION, REMOVAL  233. DATE  ARL CREMATION, REMOVAL  236. DATE  ARL CREMATION, REMOVAL  237. DATE  ARL CREMATION, REMOVAL  238. DATE  ARL CREMATION, REMOVAL  238. DATE  ARL CREMATION, REMOVAL  239. DATE  ARL CREMATION, REMOVAL  230. DATE  ARL CREMATION, REMOVAL  230. DATE  ARL CREMATION, REMOVAL  230. DATE  ARL CREMATION  AR	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF INDUSTRIAL TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OLD STROKE  DATE OF OPERATION    ACCIDENT WAS UNDERLYING   216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR PETHER, NOTEY MEDICAL EXAMINER)   ALL CONTRIBUTING   CAUSE OF DEATH A.T. WORK   NOTEY MEDICAL EXAMINER)   ALL CONTRIBUTION   19. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)   ALL CERTIFY that (1) (this hospital) oftended the deceosed from sow the deceosed plive on obove. (1) (we) (find) (did not) view the body after death.   A PRILL SHARE   1985   EAST M.D.   ARLL CREMATION, REMOVAL   236. DATE   236. NAME OF CL.	CANCER OF PROSTATE  OVER 191, stating the Inderlying cause lost.  OLD STROKE  DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  ACCIDENT WAS UNDERLYING AUGUST AND AUGUST AU	CONTRIBUTING CAUSE OF PROSTATE  DUE TO, OR AS A CONSEQUENCE OF  OLD STROKE  DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY?  YES NOW  ACCIDENT WAS UNDERLYING CAUSE OF DEATH  BUT NOT RELATED TO THE TERMINAL DISEASE OR CON  OLD STROKE  DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY?  YES NOW  YES NOW  197. CONTRIBUTING CAUSE OF DEATH  P.M. MONTH DAY YEAR  198. LOCATION  STREET  CITY OF TO  STREET  CITY OF TO  OLD CERTIFY THAT IN THE PROSTATE  O	CANCER OF PROSTATE  OVER 156 to immediate on	CONTRIBUTING CAUSE OF PROSTATE  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS ACCRETE OF  (E)  DUE TO, OR AS ACCRETE OF  (

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certificate

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
	DECEASED NAME FIRST	MI	DDLE	l	AS1	20 DATE OF DEATH	MONTH	DAY YE	EAR	2b HOUR
Ľ	Harvey	1	A.	Jon	es, Sr.		4	23 8	3.5	6:45 amn
3.	Male Male	4. RACE White	•	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS I		IF UNDER 24 HRS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76 CITIZEN OF W		8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	NTY OF DEAT		
10	Clinton		OSPITAL, NURSING	DORESS)	OR OTHER INSTITUTION	Prince Ge 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Printer	ION	G LIFE) INDUS	IND OF	F BUSINESS OR GOV't.
13	SUAL RESIDENCE (IF NURSING HOME OF 13th COUMARY P.G	NTY		ADMISSION)	13d. INSIDE CITY LIMITS? YES <b>X</b> NO	13e STREET ADDRESS 7907 Daw			t 2	20706
	FATHER'S NAME FIRST  Alexander	MIDDLE Hamilton	Jones	3	Mary FIRST	MIDDLE A1	ice		**	lliams
	Q WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN)   (1# YES G	IVE WAR OR DATES)	577-40-98		Mr. Richard	Jones ADDR	27	ddress o# 13e		ime as
CEDTIES ATION	PART 2 OTHER SIGNIFICANT  STACKE  190 DATE OF OPERATION	CONDITIONS COL		EATH BUT	NEW MO NI A NOT RELATED TO THE TERMI	NAL DISEASE OR CON	20b. IF	GIVEN IN PA	INDIN	IGS USED
			INJURY . MONTH DA	Y YEAR	21c HOW INJURY OCCURR	YES NO NO		YES 🗌		NO 🗆
ANEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O		19 ARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN	CONN	ITY	STATE
	22a.1 certify that (1) (this hosp sow the deceased alive a above, (1) (five) (did) (did n	4/2	3 19	, 0	nd that in (my) (our) opinion d	eoth occurred on the c	lote and I		m the c	1000
	27b. SIGNATUR MULLE	us Je	whe	1		MEDICAL STA	CIAN [			SIGNED : H 23, 198
	Dr. M. Levil	ne M.	D		7861 Old	Branch (	We.	. Cli	nto	on, MD.
L	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	23b. DATE 4-26-85			emetery or crematory coln Cemetery	23d LOCATION CITY OR TOWN Brentwoo		P.G.		daryland
24 F	Gasch's Sons F	.н. Р.А.	Hyattsvi	ille,	Maryland 250 DATE	REC'D. BY REGISTRAF	25h. REG	SISTRAR'S SIG	- K	indelle

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical magniner may be equified at once.

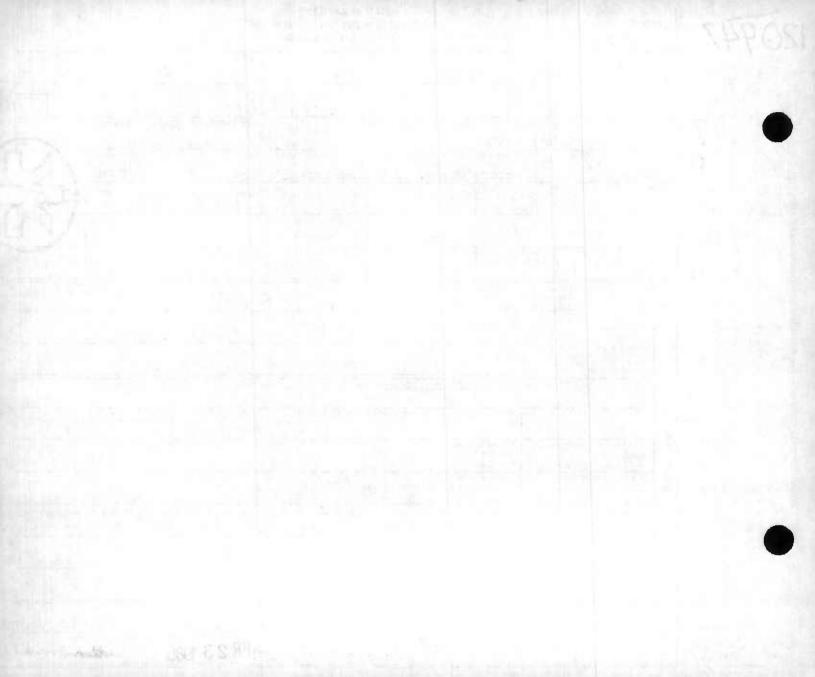
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and collaborate should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

lien . wise - ... es idie - rrensen turnau balte age. 27, 1903 yanna 11.2.11 It men George a County - brook walkers Crossing three to. ingland brince George's Sectorol: | | Soly Lecture | 20700 hearing out! Mr. Proof I. Jorgonan, In. No. 1 c. .១៤២០ ជា ២ភូមិ ស្រុ \* Reilroad Constan scattered at anima, actornol, Frince George's, hack granimal of the Silven Syning, Mentagament, Mo. don a september Business 1.1 bearing weekseys elserit. I Talla address: m. Jarek e news of the new like congression.

947	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	TYGIENE 2	5   8
e 6.4		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	20 85 10-564
oy be	3. SE.		ENA LOUISE	JULY Is DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	20 85 10-56AM
ge 4 m ector. p	3. 58.	F	B	Mar. 19,1932	F-0	MONTHS DATS HOURS MIN.
ol dir		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
deor numer		orth Carolin	I	WIDOWED DIVORCED	Prince Geo	orges County MD.
19 19 B3		TY OR TOWN OF DEATH  Lanham	(IF NOT IN SUCH FACILITY, GIVE STREE	ng home or other institution tabbress)  of Prince George	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  Cty Nursi	
filled in Sold be	130 5	TATE 13b COL			?   13e STREET ADDRESS / ZIP C	Place 20735
of the ship	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	1.07
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Oscar	Boyd	Ruth	MIDDLE	Jones
Poges 1	- (	VAS DECEASED EVER IN U.S. A res no or unknown) (IF yes, G	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 242 42	Patricia	Wilhite-daughorestville, Ma	hter-7806 Berry
oers.	-		only ane cause per line far (a), (b), o	11100,1	orestville, M	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phys		PART I. DEATH WAS CAUS	ATE CAUSE (a) Caro	1:1 1/4	Arrest	
death cert attending ove carbo ition, ar re- coumatic e-		WWWEDIA	DUE TO, OR AS A CONSEQU	IENCE OF	4 . /	1 /
		Conditions, if ony, which	( (b) Hy/	ovolumic Shock	& i Cogstrointenting	Blecky
by the o		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF Plasma Co	el Loutemia	. /
signed be her pleas a burial, or a	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION	GIVEN IN PART TIO
has been permit. I ene prior i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 206 IN CI	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
hysicic icote ronsit Hygir 18 sho	CER	210. ACCIDENT WAS UNDERLYING		21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	
ntal ntal	AL	OR CONTRIBUTING CAUSE OF D	LAIN	19		
a We	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
hon rked	>	WHILE NOT WHILE AT WORK	CALLOWE SIKEEL PACTORY, OFFICE	PARM ETC)		
DR: Af		22a. I certify that (I) (this has saw the deceased alive a	pital) ottended the deceased fram.	4-17 ~ 19 2	ion death occurred an the date and	0 - 19 25 , that (I) (we) last
d fo		obove, (1) (we) (did) (did r	ot) view the body ofter death.		ion death accorred all the date and	
NERAL DIRE be detached e State Dep		776 SIGNATURE	more de	DEGREE ATTENDING	MEDICAL STAFF	220 DATE SIGNED 4-20-85
TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE	DIN, M.D	6510 F	cenilworth Ave	, River Dale M.D.
5 € 5 € 3 <b>₹</b>	23a E	SURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	COUNTY
BP		Burial /	April 25,19			ndover, Maryla
HMH - 16 60M 7/B4	24_F	INERAL DIRECTO	1-Stowart		DATE REC'D. BY REGISTRAR 256. RE	10.0
(VRA 15, 4)	S	tewart Finer	ral Home-4001	Benning Road, N	· EJI W 7 9 1882	differ families



injury, ar ather traumatic event, the

IMPORTANT: If them 21 is marked ar Item 18 shaws any

ATTENDING PHYSICIAN: The law

TO HOSPITAL OR

BP.

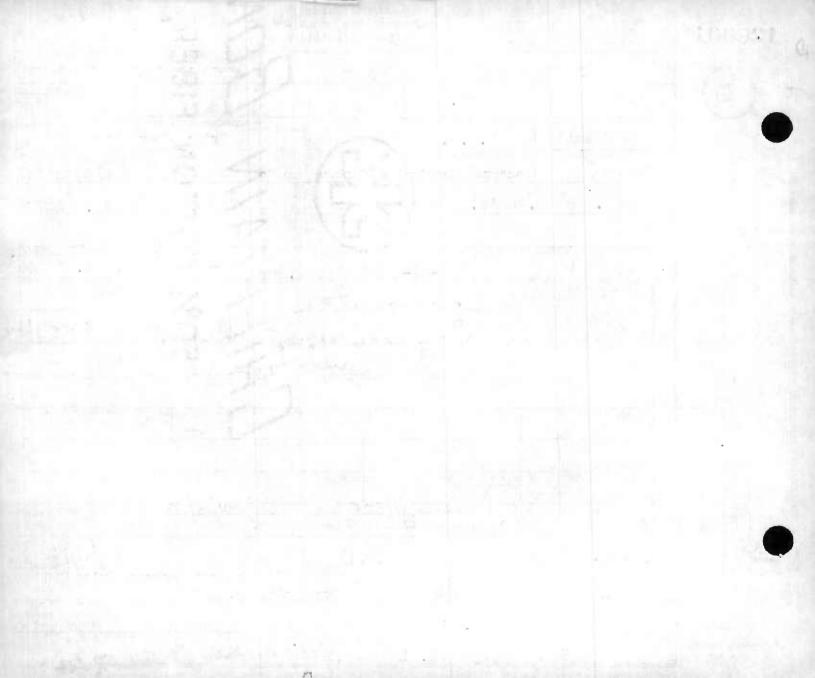
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
	EASED NAME FIRST	MIDDLE	l.	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(IIIFE	JOSEPH		J	UNG	APRIL 19, 19	85	3:00P <sub>M</sub>
3 SEX	Male	4 RACE Cauc	s. Date of April		6. AGE (IN YEARS LAST BIRTHDAY) 68 YR	MONTHS DATE	IF UNDER 24 HRS
	THPLACE (STATE OR FOREIGN Hawaii	76. CITIZEN OF WHA	MARRIE		Prince Geo	NTY OF DEATH	MD
	ry or town of death  Lanham	(IF NOT IN SUCH FACE	ITAL, NURSING HOME C LITY, GIVE STREET ADDRESS) HOSDITAL OF	Prince Geo Co	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN LNGLNEET	G LIFE) INDUSTRY	of BUSINESS OR Ctrical
USUA 13a S	TATE Md. 136 COL	NTY 136.		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO 9789 Goodly	ODE	20706
14 FA	THER'S NAME DO	WIDDIE	Chung	15 MOTHER'S MAIDEN NAM		LAS	sī.
	YAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G Yes WW	IVE WAR OR DATES)	50 SOCIAL SECURITY NO. 76 – 01 – 3475	17 INFORMANT Alma G. Jur	ADDRES 778 - Seabro	ook, Md	
CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	conditions <u>contr</u>	A CONSEQUENCE OF			GIVEN IN PART 1: YES, WERE FINDIR RTIFYING CAUSES	NGS USED
MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE AL WORK 22a.1 certify that (1) (this hasp saw the deceased alive a obove. (1) (well did) (digin	ATH HOUR A.M. P.M. 21e. PLACE OF IN (AT HOME, STREET FA	MONTH DAY YEAR  19  UURY (CTORY, OFFICE FARM, ETC.)  eased from  19  death.	211 LOCATION STREET	YES NOWN  RED (ENTER NATURE OF INJURY IN ITEM  CIES OF POWER  death accounted on the date and	YES 18 PART 1 OR PART 21	STATE
	278 PHYSICIAN'S NAME (TYPE	L. Sal	dlev	ATTENDING PHYSICIAN TO THE PHYSICIAN THE PHYSICIAN TO THE PHYSICIAN TO THE PHYSICIAN TO THE PHYSICIAN THE PHYSICIAN TO THE PH	MEDICAL STAFF DIRECTOR PHYSICIAN D Hanover Parkw Md. 20770	4/2	1/12,
(:	URIAL, CREMATION, REMOVA  SPECIFY) BUTI AT  INERAL DIRECTOR HOWA  NAME  90:3 A	26 Apr.		neral JI 24 DAT	23d LOCATION CITYOFIOWN Birnamwood E REC'D. BY REGISTRAR ITH HEC		State SCONSIN

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE KNOWN DECEASED NAME OF ESTI X-X Timothy 1985 Kemp 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR DATE OF BIRTH IF UNDER 24 HRS. 2c DATE LAST BIRTHDAY PRONOUNCED Male Negro 24 1985 8:41F DEAD To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Alabama Prince George County MD USA DIVORCED X WIDOWED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Restaurant Prince George General Hospital Manager TAIN P Cheverly IN COUNTY Wash. D.C. 13d. INSIDE CITY LIMITS? 109 Elmira St. S.W. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Eloise William Kemp. Sr. Jackson 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS 417-74-1265 William L. Kemp, Sr. same as item 13 ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a) Gun shot wound of chest Weapon: Unspecified DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DEPARTMENT OF HEALTH AND MI I PRIOR TO BURIAL, CREMATION, PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR subject shot while at work 4/6 19 85 CONTRIBUTING CAUSE OF DEATH WHILE AT WORK XX T WORK HollyFarmsRest,5120BurroughAveNE, Washington, DC Restaurant EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Autopsy XX Inspection 220 I certify that I took charge of the remains described above, held an Hamicide XX Undetermined manner ∧ Natural causes Suicide TITLE (SPECIFY) Assistant MEDICAL EXAMINER Margarita A. Korell, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE 4/12/85 Quantico Nat. Cemetery Quantico Va. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. DRMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

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35	- 5	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYDIENE  CERTIFICATE OF DEATH  REG. NO.						
	TYPE OR	ASED NAME FIRST DOR	OROTHY "DIE		N KENT	2a DATE OF DEA	04	29 85 8	
	SEX		4. RACE	S DATE C	DAY YEAR	6. AGE JIN YEARS I	(AST BIRTHDAY)	MONTHS DATE HOL	
83 H	o. BIRT	male  HPLACE (STATE OR FOREIGN UNTRY)  EWELL, VA  OR TOWN OF DEATH	75. CITIZEN OF WHA  USA  11. NAME OF HOSP  (IF NOT INSULP FACE	T COUNTRY? 8.	Total Total	1 120 USUAL OCC	CE	GEORG.	
35	30 STA		UNTY 13c	RESIDENCE BEFORE ADMISSIONS CITY OR TOWN LAST	13d INSIDE CITY LIMITS? YES NO IS. MOTHER'S MAIDEN N FIRST	130 STREET ADDI 6700 Si		Lane 20	
	a WA	ry Milton V AS DECEASED EVER IN U.S. A B, NO OR UNKNOWN)   IF YES,	ARMED FORCES? 166	SOCIAL SECURITY NO. 30-30-9729	Grace 17 INFORMANT hus Kenneth H			Marriier 700 Simmo n, MD 207	
5		Conditions if any which	DUE TO, OR AS	A CONSEQUENCE OF	/ /	•	V		
No carry injury, or other traum	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  ATT OF OPERATION	DUE TO, OR AS  (c)  T CONDITIONS CONTR  C emig	A CONSEQUENCE OF	nomis.	200 AUTOPS	20b. IF Y	ES, WERE FINDINGS OF D	
m 107	EDICAL CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  PATY OF OPERATION  In accident was underlying or contributing account resulting cause of (if either, notify medical examination).	DUE TO, OR AS  (c1)  T CONDITIONS CONTR  19b. CONDITION  19b. CONDITION  19b. TIME OF INJ HOUR A.M. P.M.  21b. PLACE OF IN	A CONSEQUENCE OF  UBUTING TO DEATH BUT  POP WHICH OPERATIO  URY  MONTH DAY YEAR  19	nomis.	200 AUTOPY YES NO RRED (ENTER NATURE O	20b. IF Y	ES, WERE FINDINGS I	
a 107	P P 2 C C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  PATY OF OPERATION  In ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI	DUE TO, OR AS  (c)  T CONDITIONS CONTR  19b CONDITION  19b CONDITI	A CONSEQUENCE OF  UBUTING TO DEATH BUT  OF THE PROPOSED TO THE	21c. HOW INJURY OCCU 21f. LOCATION SIREET  19 dd that in (aur.) opinio	200 AUTOPS  YES NO  RRED (ENTER NATURE OF THE PARTY OF TH	20b. IF Y IN CERT IN C	ES, WERE FINDINGS IL IFYING CAUSES OF DIVES NO PART I OR PART 7)	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 DE	CEASED NAME SIRCT	MIDDLE		IAST	2a DATE OF	REG. NO.	DAY YEAR	2b HOUR
	ORPRINTI LILLIA	ILLIAN MA	EKiek	TESSLING	24 DATE OF	0414	4 85	7:15 PM
3 SE	х	4. RACE	5. DATE C		6. AGE LINYE	ARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1	Female	Caucasian	Sept			90 <sub>YRS</sub>	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	BALTIMO	E CITY OR COUNTY	OF DEATH	-1
	Kansas	USA	WIDOWE		ITK1	NCF 1st	SORG	ES MD
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKING LIE		F BUSINESS OR
Ç	LINTON/	Pouther	N MO	HOSPITA		maker		home
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	NTY 13c. CITY	OR TOWN	134. INSIDE CITYLIMITS?	13e.STREET A	DDRESS / ZIP CODE		
	MD Cha	rles Wal	dorf	YES NO K		herman R		20601
14 F/	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	ME	MIDDLE	LAS	
9.5	William		low	Cinder	ella	MIDDLE	Batem	
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT daug	hten	ADDRESS BOX	147	au
1		5 7 7 -	-30-3658	Edna E. He		Nanjer		20662
-	NO I			LEGITA L. ME	I.SHEV	Manjen	APPROXI	MATE INTERVAL DNSET AND DEATH
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	DBY.		SPIRATORY	AR	REST	BETWEEN	ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)						
		DUE TO, OR AS A CO	INSEQUENCE OF	ND CONG	ECTIV	E HEAR	FALL	100
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	onderlying coose lost	(c) uu	contr	way.	arrig	5 mera	**	
NO	PART POTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO TERM	AINAL DISEASE	OR CONDITION GIV	EN IN PART 1 o	
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	OR CONTRIBUTING CAUSE OF DEA		NIH DAY YEAR					
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION				
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTOR	Y, OFFICE FARM ETC )	STREET		CITY OR TOWN	COUNTY	STATE
		and the off	4	18 85		4/14/	18.	
	22a.1 certify that (I) (this hospi		d from	nd that in (my) (our) opinion	dooth occurre			that III (we) lost
	sow the deceased alive on above, (1) we) (did) (did no	of the pody of er deof	W		deom occorrec	on the date and hou		1
/	M. SIGNALU		la . us	DEGREE	MEDICAL	STAFE	22c DATE	PIED / 85
	a c			> ATTENDING PHYSICIAN	DIRECTOR [	STAFF PHYSICIAN	7	114/0-
-	TTO PHYSICIAN'S NAME (TYPE C			THE ADDRESS /				t
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	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCA	OR TOWN	COUNTY	STATE
	Burial	4/17/85	Cedar I	Hill Cemete	ry Sui		r. Geo.	, MD
	UNERAL DIRECTOR		100000		TE REC'D. BY RE	GISTRAR 256. REGIST		
Ht	intt Funeral	Home, Wald	orf, MD	20601 API	1 7 19	85	4dson-Ray	ndelle

DHMH - 16 60M 7/84 (VRA 15, 4)

Se c. 23, 1828 7 89 90 10000 mt . books 1 IV A 2 wd THE LANGE COLUMN 122 Community Suisland, Ph. Red., 181 whit Funeral done, Taldor, To 20801 1 FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO. MIDDLE LAST 2a DATE OF DEATH DAY YEAR 2b. HOUR DECEASED NAME Joung (TYPE OR PRINT) Young 1:30p KIM 28 1985 MARCH 6 AGE IN YEARS LAST BIRTHDAY 4 RACE 3 SEX 5. DATE OF BIRTH 80ct. 3. Male 1932 Oriental 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED U.S.A. Korea Prince George's WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Doctors Hospital of Pr. Geo. Co YPE OF WORK FOR MOST OF WORKING LIFE! Retail Lanham lechnician USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 5307 85 th Ave. 130 STATE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sukmiddle FIRST MIDDLE Heung Kim Jung 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per luge far (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIL 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STREET CITY OF LOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE March 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased alive on March 28 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN S NAME (TYPE OF PRINT) 22e ADDRESS HUNG 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFYBurial TY OR TOWN 30March85 Norbeck Mem. Olnev Mont. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached with the State Dept.

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0304k		STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFIC	ATE OF	DEATH	REG. N	NO.			
		CEASED NAME OF PRINTS	FIRST		MIDDLE		LAST		20. DAT		MONTH	DAY	YEAR	Zb. HOUI
S GS S E	(111	CORPRINT)	Louis		Cecil		Kiser		OF DEAT	H MATED	<b>3</b> /	29 19	85	P.
SEE SE	3. SE)		4. RACE	5. DATE OF BIRTH		E (IN YEARS   IF L		IF UNDER 24			MÔNTH	DAY	YEAR	24 HOLL
HE STATE OF THE ST		Male		Feb. 20,	1916 6	9 YRS.	NTHS DAYS	HOURS M	PRONO DE	AD	3/	31 19		A. ,
野野り	7a. Bi	RTHPLACE (5)	a.	76. CITIZEN OF WI			RIED NEV	ER MARRIED DIVORCED	님	more city	_			M
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RETAIN	13a. S	I RESIDENCE TATE	136 COUNT	George 1	113c. CITY OR TO	OWN	13d INSIDE CIT	NO [	STREET ADD	ottsfo	ord Vi	sta R	Road	
PM 3		THER'S NAME		WIDDIE	ŁAST		15. MOTHER	R'S MAIDEN	NAME	MIDDLE	444	LAS	.7	
SES NAND 2 ION OF VITA		Andrew	Jac		Kiser		Vi	ctori	a	(na)		Ayer	S	
10		VAS DECEASE	DEVER IN U.S. ARM		16b. SOCIAL SE	CURITY NO.	17. INFORM	ANT		ADDRE:	ss Sea	broo	k Mo	d.
20		25	W.W.	2	216/12	/4490	Jack	Kise	r 982	3 Goo	dluc	k Rd		
Ä,		18 CAUSE O PART I DE	F DEATH (Enter only ATH WAS CAUSED IMMEDIAT	y ane cause per line BY: E CAUSE (a). AC			diseas	se.				BETWEE	OXIMATÉ IN N ONSET A	NTERVAL
<b>₹</b>		Canditia	ns, if any, which	DUE TO, OR	AS A CONSEQU	ENCE OF								
EXAMINER ALON			se to immediate stating the <u>under</u>	DUE TO, OR	AS A CONSEQU	ENCE OF						1		
SED AS A BURIAL - HEALTH AND MEI AL, CREMATION, C		- ymg cas	30 1031.	(c)										
¥ ¥		PART 2 OTHER SI	GHIFICANT CONDITIONS C	DATRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION	GIVEN IN PART 1	la .					-
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RIAL,	CERTIFICATION	190. DATE OF		196 CONDI	TION FOR WHICH	H OPERATION	WAS PERFORM	AED?					TOPSY?	NO 🔯
DEPARTMENT OF HE	AL CERT	210 EXTERNA	CAUSE WAS		MONTH DAY	YEAR	HOW INJURY (	OCCURRED 1	ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PA	(RT 2)		
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2	ME	WHILE AT WORK	NOT WHILE AT WORK		TORY, FARM, ETC.)		STREET		CITY OR	TOWN	co	YINU		STATE
PAGE 4 SHOUD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFREYDEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		22a. I certi	fy that I taak charge					Inspection			and in my a	pinian		
RYL RYL		death result	ea tram: Nature	al causes LXI,	Accident L.	Suicide L		-	Undetermined	manner [	J.			
MAN WANTE		ACTUAL SIGNATURE	6	R/	100	en		outy	MEDICALEX	AMINER _	DATE	ED 4/	1/85	5
FUNE		EXAMINER'S (TYPE OR PRI	NAME Joh	n S. Roge	ers, M.D				eminary Spring		gomer	y, Mo		
DEA 4	23a.B	JRIAL, CREMA	TION, REMOVAL 23	b DATE	23c. NAME	OF CEMETERY	OR CREMATO		23d. LOCATION		cou		STAT	TE.
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DEPARTMENT OF HEALTH AND MENTAL HYCHENE - STATE REGISTRAR . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) William Kneipp Henry DEATH MATED 4 RACE 15 DATE OF BIRTH 16 AGE (IN YEARS ) IF UNDER 1 YK. 11 UNDER 24 HRS 3 SEX DATE PRONOUNCED White Male 1893 03- 09 DEAD 92 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania U.S.A. Prince George's County 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF PUSINESS U. S. INGISTRY. 6000 42nd Avenue Apt. BOOKBINGET Hvattsville AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13th COUNTY 134 CITY OR TOWN 434 INSIDE CITY LIMITS? 13e STREET ADDRESS ES NO 6000 42nd Avenue Apt. 309 P.G. Hyattsville. Maryland\_\_ DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Unknown Kate Frederick Kneipp 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 5908 Bryn Mawr Rd 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) William H. Kneipp (Son) 579-58-2344 College Park, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CHAGE 3 SHOULD BE U YES [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK DIRECTOR: PA 220. I certify that I tapk charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Natural causes Homicide I Undetermined manner TITLE (SPECIFY) PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, BALFHORE, M John S. Rogers, M.D. 1919 Seminary Rd. Silver Spring, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION P.G. Maryland Burial 4/17/85 Fort Lincoln Cemetery Brentwood 07/84 25 A DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE PUL Francis Gasch's Sons Funeral Home, P.A. **DHMH** - 17 (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781

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STATE OF MARYLAND

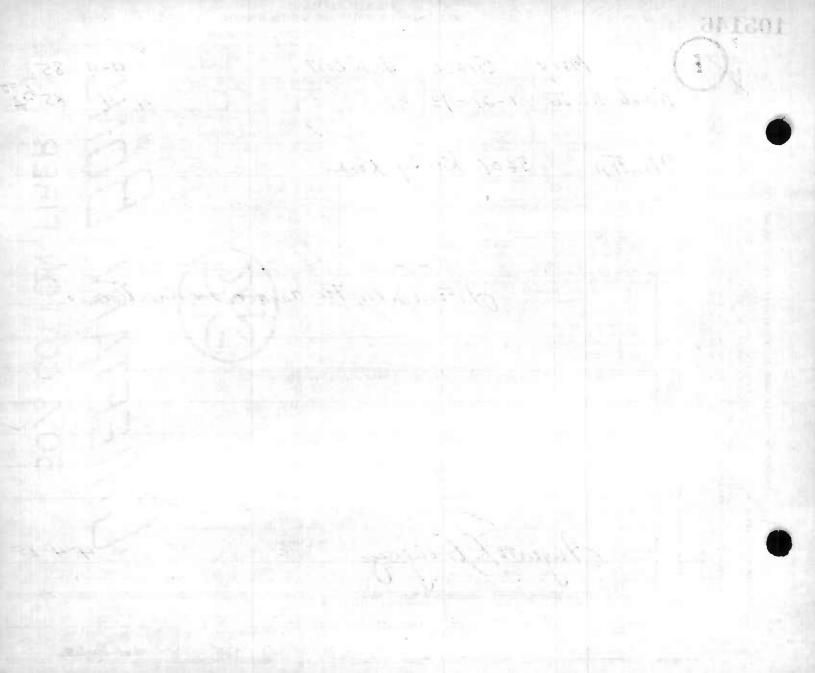
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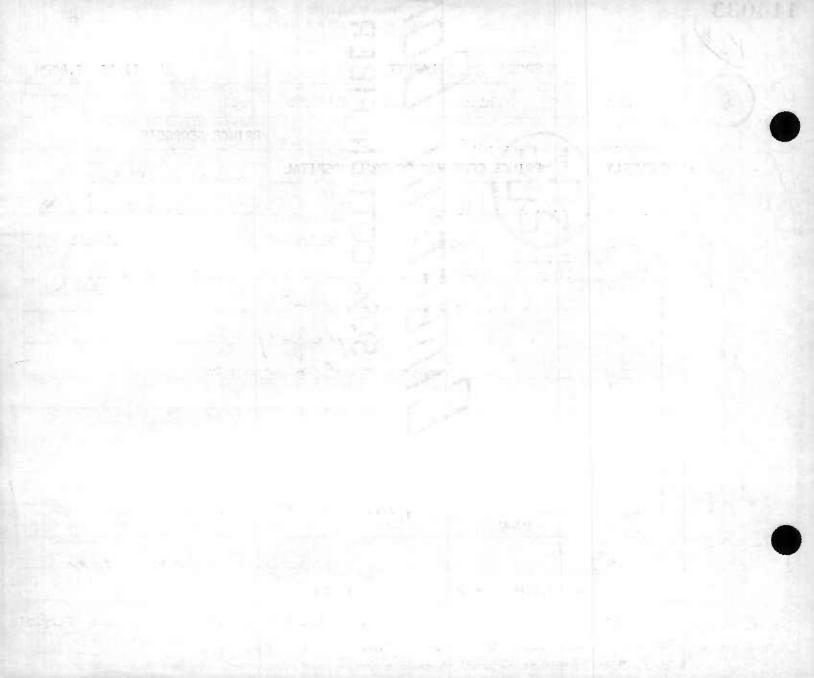
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100	T-10	1	REGISTRAR	ME	DICAL EXAMIN	<b>ER'S CERTIFICA</b>	TE OF DEATH REG. NO	0.
20	& F		CEASED NAME FIRST	Gre	MIDDLE LO	in bert	20. DATE KNOWN DOF ESTI- DEATH MATED	
or mea	A SEA	To Ta	male White	DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA	Y) MONTHS DAYS LIC	UNDER 24 HRS. 2c DATE DURS MIN. PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUSE
	SESTINAL VALUE AND		RTHPLACE (STATE OR PREIGN COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?	8. MARRIED DEVER	MARRIED . 9. BALTIMORE CITY C	OR COUNTY OF DEATH
9	San San		aryland Ity or town of death	USA	DITAL ANDERSON CHOOSE	WIDOWED D	N 120 USUAL OCCUPATION (TYP	orge's County, MC
) YE   YE   YE   YE   YE   YE   YE   YE	PAGE BE FILED	10	Imton	360/	CILLY SIVE STREET ADDRESS)	Cord	FOR MOST OF WORKING LIFE) Homemaker	PEOFWORK 12b KIND OF BUSINESS OR INDUSTRY HOME
. 21201	S. RETAIN PAGE SHOULD BE FILED LIRECORDS: 2017	13a S	AL RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUNTY   13b	TY	13c. CITY OR TOWN Clinton	13d. INSIDE CITY L		Road (20735)
DEATH I	SON NO.		ATHER'S NAME Washington Harde		CAST	Emma	MAIDEN NAME Williams	CAST
LTIMO	S. GIVE PAGE WITH FORM F. PAGES 1 A DIVISION OF	16a. \	VAS DECEASED EVER IN U.S. ARA ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	577-84-215		n E. Lambert - Same	The State Service of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. S. CEDTIFICATE SHOVIID RE EXECUTED WITHIN 24 HOURS AFTER DEATH. II	MINER AND A MANAGEMENT	NO	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSET IMMEDIAT  Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	DBY: E CAUSE (DULTO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE O	DF	EN IN PART 1 a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ITAL REC	20 = 3 P = 3	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED	0?	20 AUTOPSY?  YES \( \sqrt{NO} \)
ON OF V	ARTAN		21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	
DIVISI	A A B A B B B B B B B B B B B B B B B B	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
WEDICAL EXCHANGE	CUTE THE CERTIFICATION OF A SHOULD BE FUNERAL DIRECTORY OF THE DESTRUCTION OF THE DIRECTORY	/=	22a I certify that I took charg death resulted from: Notur ACTUAL SIGNATURE EXAMINER'S NAME AURUSTO (TYPE OR PRINT)	ol couses .	Accident, Sui	Autopsy , Incide , Homicide  TITLE (SPEC	Undetermined monner .	DATE 4-4-85- mple Hills, Md
2	A S S S S S S S S S S S S S S S S S S S	23a.B	URIAL, CREMATION, REMOVAL 2			ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
07/84 25M	BP					ncoln Cemete	DATE REC'D. BY REGISTRAR 256 REGI	aryland
(\	DHMH - 17 /R A15 ME 633		d Alexander Fer	uneral, Hor			R 9 1085 LEW DEW	



4739 Baltimore Ave. Hyattsville, Md. 20781

(VRA 15, 4)



112027 FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

/	10.50							KE	G. NO.			
1		CEASED NAME	FIRST		WIDDIE	L	LAST	20. DATE OF DEA	TH MONT	H DAY	YEAR	26. HOUR
	(1111)	PAUL				La	VORGNA	M APRII	13,	1985		7:22P
	3. SE			4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LA	-	IF UNDE		IF UNDER 24 HR
	]	Male		Caucasi	an	Jan		71		YRS.	DAYS	HOURS MI
		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CI			ATH	
101		ew Jersey		U.S.	Α.	WIDOWE	D NEVER MARRIED	PRINCE C	FORGI	ES COUN	YTT	
Lon		ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCU	PATION	12b	KINDO	F BUSINESS C
386	C	LINYON		SOUTHER	CH FACILITY, GIVE STREET	ID HOS	PITAL CENTER	Butcher	OST OF WOR		ustry	ne Mari
8	USU	AL RESIDENCE (IF NURS	ING HOME OF	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)						20601
52 F		aryland	Char		Waldorf		134 INSIDE CITY LIMITS?	13e.STREET ADDR 206 Bell	Tree	CODE		20001
- L	-	ATHER'S NAME	0.00				15 MOTHER'S MAIDEN NA		2200	220410		
S Sc		B'Agio		WIDDLE	LaVorgn	a.	Munzia	MID	OLE .	Cof	nan'	cesco
		WAS DECEASED EVER	IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	A	DDRESSO	Bell		
medicol	- (	NO OR UNKNOWN)	(IF YES GI	VE WAR OR DATES)	143-07-4	6111	Josephine H.	LaVorena		ldorf.		e Lane
he							00000	20,02610	wall			MATE INTERVAL
É,	G	18 CAUSE OF DEAT PART I, DEATH W	/AS CAUSE	nly one couse pe ED BY:	MINE for (o), (b), on	No Ash	onthe N	m )		- 8	ETWEEN	DNSET AND DEAT
or other troumotic		Conditions, if ony, gove rise to improve (a), stating underlying couse	mediate ng the last.	16)_   DUE TO, C	DR AS A CONSEQU	ENCE	Anteg di	EAJE				
lury, or other troumotic	NO	gove rise to improve couse (0), stating underlying couse	mediate ng the last.	16)_   DUE TO, C	OR AS A CONSEQU	ENCE	NOT RELATED TO THE TERM	MINAL DISEASE OR	ONDITIO	n given in f	PART 110	
any injury, or other troumotic	ATION	gove rise to improve couse (0), stating underlying couse	mediate ng the e last.	DUE TO, CONDITIONS C	OR AS A CONSEQUE	ENCE DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR	70b	IF YES, WERE	FINDIN	IGS USED
iws ony injury, or other troumotic	IFICATION	gove rise to improve (o), static underlying couse	mediate ng the e last.	DUE TO, CONDITIONS C	OR AS A CONSEQUE	ENCE DEATH BUT		20s AUTOPSY?	70b IN (	IF YES, WERE	FINDIN	IGS USED OF DEATH?
S shows ony injury, or other froumotic	CERTIFICATION	gove rise to improve (o), static underlying couse	mediate ng the last.	DUE TO, CO  (c)  CONDITIONS C  19b. COND	OR AS A CONSEQUE  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	70b	IF YES, WERE CERTIFYING C YES	FINDIN	IGS USED
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or Rem 18 shows ony injury, or other froumoh		gove rise to improve to couse (o), stotir underlying couse PART 2 OTHER SIGN 196 DATE OF OPERA	mediate ng the last.  NIFICANT  TION  DERLYING CAUSE OF DE. CAL EXAMINE	DUE TO, CONDITIONS CON	ON AS A CONSEQUE  ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  M. OF INJURY  OF INJURY	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED	206 AUTOPSY? YES NO	70b IN (	IF YES, WERE CERTIFYING O YES EM 18 PART I OR	FINDING AUSES	IGS USED OF DEATH? NO
ted or Item 18 shows any injury, or other traumatic	MEDICAL CERTIFICATION	gove rise to immoved to the couse (o), stoling underlying couse  PART 2 OTHER SIGN  196 DATE OF OPERA  216. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MED)  21d. INJURY OCCUR.	mediate ing the is lost.  NIFICANT  TION  DERLYING CAUSE OF DE. CALEXAMINE  RED	DUE TO, CONDITIONS CON	OR AS A CONSEQUE  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED	206 AUTOPSY? YES NO	70b	IF YES, WERE CERTIFYING O YES EM 18 PART I OR	FINDIN	IGS USED OF DEATH?
morked or flem 18 shows ony injury, or other troumoth		gove rise to improve to story on the couse (o), softing on the couse (o) part 2 other significant of the couse (o)	mediate ng the selection NIFICANT TION  DERLYING CAUSE OF DE. CAL EXAMINE RED	DUE TO, CONDITIONS CON	OR AS A CONSEQUING TO DITION FOR WHICH DE INJURYM. MONTH DM. OF INJURYM. OF INJURYM. OF INJURYM. OFFICE, I	DEATH BUT  OPERATION  AY YEAR  19	716. LOCATION	206 AUTOPSY? YES NO	70b IN (	IF YES, WERE CERTIFYING O YES EM 18 PART I OR	FINDING AUSES	AGS USED OF DEATH? NO
is marked or them 18 shows ony injury, or other troumotic		gove rise to improve to couse (o), stotir underlying couse  PART 2 ÖTHER SIGN  196 DATE OF OPERA  710. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MED)  71d. IN JURY OCCUR! WALLE OT WAS AT WOOR 77d-1 certify that (1)  sow the decease	mediate mg the lost.  If the lost.  NIFICANT (  TION  DERLYING CAUSE OF DE.  CALEXAMINE RED  RED  (Hill hosp)	DUE TO, CO  (c)  [CONDITIONS CONDITIONS COND	OR AS A CONSEQUION ON TRIBUTING TO ONTRIBUTING TO O	DEATH BUT  OPERATION  AY YEAR  19  FARM ETC.)	71c HOW INJURY OCCUP	200 AUTOPSY? YES NO RRED (ENTER NATURE O	70b IN (	IF YES, WERE CERTIFYING C YES EM 18 PART I OR	FINDIN AUSES	IGS USED OF DEATH? NO  STATE
em 21 is morked or flem 18 shows ony injury, or other froumotic		gove rise to improve the couse (o), stoting underlying couse  PART 2 OTHER SIGN  196 DATE OF OPERA  716. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MED)  716. IN JURY OCCUR! WATWORK NOTIFY WATWORK  726.1 certify that (I)	mediate mg the lost.  If the lost.  NIFICANT (  TION  DERLYING CAUSE OF DE.  CALEXAMINE RED  RED  (Hill hosp)	DUE TO, CO  CONDITIONS C  19b. COND  19b. COND  19b. TIME C HOUR A HOUR A R)  21e PLACE (AI HOME ST	OR AS A CONSEQUION ON TRIBUTING TO ONTRIBUTING TO O	OPERATION  AY YEAR  19  SARM ETC.)	211. HOW INJURY OCCUR	200 AUTOPSY? YES NO RRED (ENTER NATURE O	70b IN (	IF YES, WERE CERTIFYING C YES  EM 18 PART I OR  COI	FINDIN AUSES	IGS USED OF DEATH? NO  STATE
. If flem 21 is marked or flem 18 shows any injury, or other fraumation		gove rise to improve the decorate of the course of the cou	mediate mg the lost.  If the lost.  NIFICANT (  TION  DERLYING CAUSE OF DE.  CALEXAMINE RED  RED  (Hill hosp)	DUE TO, CONDITIONS CON	OR AS A CONSEQUION ON TRIBUTING TO ONTRIBUTING TO O	OPERATION  AY YEAR  19  SARM ETC.)	216 LOCATION SIREET  218 LOCATION SIREET  219 22  219	200 AUTOPSY? YES NO RRED (ENIER NATURE O	20b IN C	IF YES, WERE CERTIFYING C YES EM 18 PART I OR  COI	FINDIN AUSES	IGS USED OF DEATH? NO  STATE
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		gove rise to improve to couse (o), stotir underlying couse  PART 2 ÖTHER SIGN  196 DATE OF OPERA  710. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MED) 71d. INJURY OCCUR! WALLE AUGUS  770-1 certify that (I) 50w the decease obove, (I)	mediate ng the ng the lost.  NIFICANT (  TION  DERLYING CAUSE OF DE. CAL EXAMINER  RED  (this hosp  deling of the lost of the	DUE TO, CO  (c)  (c)  (c)  (d)  (d)  (e)  (e)  (f)  (f)  (f)  (f)  (f)  (f	OR AS A CONSEQUION ON TRIBUTING TO ONTRIBUTING TO O	OPERATION  AY YEAR  19  SARM ETC.)	21t. HOW INJURY OCCUP 21t LOCATION STREET  19 35  nd that in (my) took opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RRED (ENIER NATURE O	70b IN ( IN (  DR TOWN  Abe date an  STAFF YSICIAN [	IF YES, WERE CERTIFYING C YES	PART 2)	IGS USED OF DEATH? NO  STATE
MPOKIAN : If Item 21 is morked or Item 18 shows ony injury, or other troumotic	MEDICAL	gove rise to improve the couse (o), stoting underlying couse  PART 2 ÖTHER SIGN  196 DATE OF OPERA  710. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MED)  71d. INJURY OCCUR! WALLE OTWAN ATWO  776.1 certify that (I) Sow the decease obove, (II)	mediate mg the lost.  I lost.  NIFICANT I  TION  DERLYING CAUSE OF DE CALEXAMINE MRED  HILE MRED  HILE HILE HILE MRED  AME I HILE HILE HILE HILE HILE HILE HILE H	DUE TO, CONDITIONS CON	ON AS A CONSEQUION ON TRIBUTING TO ON TON FOR WHICH OF INJURY MA. MONTH DOF INJURY REET, FACTORY, OFFICE, the deceased from the deceased f	DEATH BUT  OPERATION  AY YEAR  19  SARM ETC.)	216 LOCATION SIREET  216 LOCATION SIREET  217 LOCATION SIREET  218 LOCATION SIREET  219 AS  ATTENDING PHYSICIAN  270 ADDRESS  940 WWW	200 AUTOPSY? YES NO RRED (ENIER NATURE O	70b IN ( IN (  DR TOWN  Abe date an  STAFF YSICIAN [	IF YES, WERE CERTIFYING C YES EM 18 PART I OR  COI	PART 2)	IGS USED OF DEATH? NO  STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.

TO HOSPITAL

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

I GIENE		 

KEG	ISTRAK				Calcula	ichil oi			REG. NO.				
DECEASE YPE OR PRIN		FIRST		MIDDLE	l l	AST		20 DATE OF	DEATH M		DAY YEAR	2b. HC	DUR
, ON THE		Franci	s	Doug1a	as L	eague,	Sr.			04 - 0	16-85	8	15A)
SEX		4.	RACE		5. DATE C			6 AGE (IN YE	ARS LAST BIRTH	DAY)	FUNDER I YEAR		DER 24 HRS
,	Male		Whi	te	01	22	1912	73		YRS	MONTHS DATS	HOURS	MIN.
BIRTHPL	ACE (STATE OR	FOREIGN 76	CITIZENOF	WHAT COUN	ITRY? 8	127 NEVED	ALABBIED [	9 BALTIMO	-	COUNTY			
	sylvani	.a	U.S	.A.		MARRIED NEVER MARRIED PRINCE GEORGE'S						M	
	TOWN OF DE	ATH 11				NG HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION					12b KIND C	OF BUSI	NESS OF
CHE	VERLY		PRINCE	GEORG	E'S GENE	ERAL HO	DSPITAL	Sata	lite D	esig	n NAS	Α	
JOUAL RES 130. STATE	IDENCE (IF NUR	SING HOME OF OT		130 CITY OR		13d INSIDE	CITY LIMITS?	13e.STREET A	DDRESS / 2	ZIP CODE			
Mar	yland	P.G			sville	YES 🗌	NO 🛣	6813 I	Decatu	r St	reet 2	2078	4
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME								14	5.7				
William Frank League						Maud Lillian Hilds							
				166 SOCIAL	SECURITY NO.	17 INFORM			ADDRES				
(YES. NO OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-6065 Dorothy M. League 6813 Decatur St. 20784									84				
18 C	18 CAUSE OF DEATH lEnter only one cause per line for on, (b), and ic PART I. DEATH WAS CAUSED BY:												
P.	ARTI. DE ATH V	IMMEDIATE		Kes	pereto	ny	Cres	9					107
			DUE TO, C	OR AS ACONS	EQUENCE OF A	)	1		1	1	1		
Con	ditions, if ony	which	( , , ,	M	assi	I Ce	school 1	UATO	ular	ALL	receive		
gov	e rise to im	mediate	(0)	, ,									
	se (0), stati erlying causi		DUE TO, C	OR AS A CONS	SEQUENCE OF								
0110	erlying coust	e lusi.	(c)		<del></del>								
	2 OTHER SIG	NIFICANT CO	nditions <u>c</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE	OR CONDI	TION GIV	EN IN PART 1	o	375
2													
5 190 D	ATE OF OPERA	TION	196. COND	DITION FOR W	HICH OPERATIO	N WAS PERF	ORMED	200 AUTO			S, WERE FINDI		
CERTIFICATION 190 D			100 5005					YES [	NO		S 🗌	NO	
0.00	ACCIDENT WAS UN		HOUR A	JEINJURY I.M. MONTH	DAY YEAR	ZIt. HOW I	NJURY OCCURE	RED (ENTERNAT	TURE OF INJURY	IN ITEM 18 I	PART I OR PART 2)		
Q (IF E	THER NOTIFY MED	ICAL EXAMINER	P	M.	19								
9	NJURY OCCUR			OF INJURY	FFICE, FARM ETC.)	21f. LOCAT			CITY OR TOW	7	COUNTY		STATE
MHW AT WC		HILE ORK			,			/	11. 0	0/			
22 a. l	certify that H	+ (this hospital	attended to	he deceased f	rom	/	. 19 8	, to	1618	1	19	that (I)	(we) los
S	aw the decays	sed olive on	75	after death	19.51	nd that in (my	) (مینم) opinion (	deoth accurre	d on the dote	e and hou	ir and from the	couses	stated
	IGNATIVE	CHEST (CHILD HOT)	lew the ough	y arrer death.		DEGREE					22c DATE	SIGNE	D
	179	Men	XIA	1. 1.	. 110	1	ATTENDING	MEDICAL	STAFF		4/6	18	
27d PHYSICIAN'S NAME LYPE OF PRINT						22e ADDRE		J DIRECTOR [	PHYSICIA	N L	10/	4	
	rry Ros	-			,		ce Geor	gas Gas	neral	Hoen	ital		
					[02 NINE 05 6					позр	rear		
SPECIFY	, CREMATION		23b DATE 4/9/8	5	Druid R			Par LOCA	esvill	Α.	Baïtimo	re	MD.
	Buria	I I	4/9/0	7	Diala v	rage c							
N	AL DIRECTOR			ADDI	RESS_ 21	229			EGISTRAR 25		RAR'S SIGNA		
Hubba	rd Fune	eral Ho	me, In	c. 410	7 Wilken	s Aven	ue AP	RR	1005	Sula	Davidson-	Band	489
										v			

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and call should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Brindway Baking

PRINCE OF CHILD STATE OF THE PART HOSPITAL

Control of the Contro

	1	FOR		DEPA	STAT	OF MARYLAI	6 3	NE 1 2	3 3	1
01104	1-	STATE REGISTRAR			AL EXAMINE				0.	
OUR FILES. 72 HOURS ON STREET,		CEASED NAME E OR PRINT)	Naomi	Mar	garet	Lenha	rdt	20 DATE KNOWN TO DEATH MATED	3/25	0- 3:3
WITHIN 72 HOURS V. PRESTON STREET,	3. SE		5 DA	TE OF BIRTH	6 AGE (IN YEAR		IF UNDER 24 HRS	2c DATE PRONOUNCED	MONTH DA	Y YEAR 313
1	70 B	RTHPLACE (STATE OR REIGN COUNTRY)		ITIZEN OF WHAT CO	DUNTRY?	MARRIED   NE		9. BALTIMORE CITY		
2//	10 C	uth Carolir TY OR TOWN OF DEA	TH 11 N	S. A.  AME OF HOSPITAL, FNOT IN SUCH FACILITY, CO  Ritter	NURSING HOME,		FO	Prince Ge SUAL OCCUPATION (TYPE R MOST OF WORKING LIFE) autician	PE OF WORK 12b	County M KIND OF BUSINESS OR INDUSTRY rivate
SION OF VITAL RECORDS.	13a S	TATE  Laryland		R INSTITUTION, GIVE RESID		13d. INSIDE (	(ITY LIMITS?   13e ST	REET ADDRESS 205 Rittenho	-4	10-182-
164	В		Cox		LAST	Dice	er's maiden namers by McKins	ey	140	LAST
II. PAGES 1		VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARMED FO JIF YES, GIVE WAR OR	DATES)	SOCIAL SECURITY  51-56-987		T. McMul		er. Hya	house St. ttsville,
ENTAL HYGIENE OR REMOVAL.			AS CAUSED BY:  IMMEDIATE CAU  ny, which immediate	Cause per line for (a  USE (a)  Acute  DUE TO, OR AS A (b)  Chron  DUE TO, OR AS A (c)	myocard: consequence of	dial dis			9.6	APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
REMATIC	NO	PART 2 DIHER SIGNIFICANT	CONDITIONS CONTRIB		RELATED TO THE TERMIN	AL OISEASE OR CONDITIO	ON GIVEN IN PART I FOR			
URIAL, C	CERTIFICATION	None		19b. CONDITION F	OR WHICH OPERA	TION WAS PERFO	RMED?		20	AUTOPSY?
DEPARTMENT OF HEALTH AND MI PRIOR TO BURIAL, CREMATION,		218 EXTERNAL CAUSE UNDERLYING CONTRIBUTING	OR LAUSE OF DEATH	P.M.	NTH DAY YEAR	No		R NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
18	MEDICAL	21d INJURY OCCURR WHILE DOT'S		21e PLACE OF INJ STREET, FACTORY, FA		21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
AFTER DEATH, WITH THE STA		220. I certify that I death resulted from ACTUAL		ne remains described		TITLE (	SPECIFY)	etermined manner ,	DATE	3/25/85
PAGE 4 SHOULD PAGE 4 SHOULD FOR ENDING FOR E	A	EXAMINED S NAME (TYPE ON PRINT)		S. Rogers,		ADDRESS_	1919 Semi Silver S	nary Road		Md.
PAF BA	23a.B	URIAL, CREMATION, RI BURIAL	MOVAL 236 DA	- 1	Harmony	tery or cremat Memorial F	CI	location tyortown andover P	G- CO-	state Maryland
HMH - 17 A15 ME (5))	24 F	LERNEST JA	RVIS CO.	ADDRESS IL	32 You St Washingto	· · NW	250. DAEPRO	Y RE3 1985 256 RES	W.R.A. S.G.	TURF

Prince Centre'n County a management of the state of th Meryland Frince George's Hyertaville 2205 Michenbeuse Street e was the company of the company chronic myrched (it re-Bllver Spring, Madbellery, Hd. 

- STATE

/ N								REC	, NO.		
02094		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	26 HOUR 1:00
3000			ILDRE				VITON	APRIL 7			1100
4 moy or. poor. poor. poor.	3. SE			4. RACE		5. DATE C	20, DAY 1909 EAR	6. AGE (IN YEARS LAS	I BIRTHDAY)	MONTHS DAYS	HOURS MIN
The same of the sa	1	FEMALE		WHITE		JUNE	20, 1909	75	YRS		
2 290		RTHPLACE (STATE OR I	FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	_		
12		RUSSIA		U.S.		WIDOWE		PRINCE	GEORG	ES	М
BOOK O		ITY OR TOWN OF DEA		11. NAME OF I	HOSPITAL, NURS IN THE FACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUI		126 KIND C INDUSTRY	F BUSINESS OF
P		OLLEGE PAR	- 6		WESTCHEST.	ER PA	RK DRIVE	SALESPE SALESPE	RSON		5TH AVE
200		AL RESIDENCE (IF NURS	1136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	113e STREET ADDRE	SS	207	40
23	MA:	RYLAND	PR.	GEORGES	COLLEGE	PARK	YES NO	6200 WE	STCHES	TER PARK	DR.
188	14. FA	ATHER'S NAME		MIDDLE	TAST		15 MOTHER'S MAIDEN NA	ME	15	1.4.1	
28/~		DANIEL			LEVITOFF		VERA			BERM	AN
A E		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT (SON)		DRESS	20783	
9	,	YES NO OR UNKNOWN)	(IF 1E3, GIV	E WAR OR DATES!	577-16-2	413	DANIEL LEVIT	ON, 2007 P	ELDEN	RD., ADEI	PHI, MD.
SED		18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b), and	(c).)				APPROX BETWEEN	MATE INTERVAL
wen'	130	PART I. DEATH W		D BY. TE CAUSE (a)	Cardic	20	arrhythm	nia		5 m	inute
d by the ottending phease remove carbonp of, cremation, ar remove another traumatic even		Canditions, if any, gave rise to imm couse (a. statin underlying cause	mediate ng the	(b) L DUE TO, O	Prteriose R AS A CONSEQUE	NCE OF	arrhythm	disease	cara	lio	
TED	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION G	IVEN IN PART 1	3
0 . 0	5 F	190 DATE OF OPERA	auc	allen	rarcin	ana	of the 1	ung.	Tan IF V	EC WERE CRIST	
F	CERTIFICATION	DATE OF OPERA	TION	190 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
इंड	ERT	71g. ACCIDENT WAS UND	DEBLYING F	7 216. TIME O	SE INTUIDY		111- HOW INDURY OCCUP	YES NO	-	YES []	NO 🗌
7 05		OR CONTRIBUTING		110110 4	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF	INJURY IN ITEM 18	B PART I OR PART 2}	
19 日	MEDICAL	(IF EITHER NOTIFY MEDIC				19	AN LOCATION				
AMINER	WED	WHILE NOT WH		21e. PLACE	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY	RTOWN	COUNTY	STATE
Z K		AT WORK AT WO	RK					,	~		
Health is mo		22a.1 certify that (I)				85	d that in (my) (%) apinian	to	7	. 19.83.	that (I) (Ne) las
T. of		saw the decease above, (I) (we) (c	gig) (gig ua	t) view the bady	after death.			death accurred on th	e date and hi		
H He		22b. SIGNATURE	_	700 004 1			DEGREE ATTENDING V:	MEDICAL S	STAFF	22c. DATE 4/7	
MEDI		22d. PHYSICIAN'S NA	AAE IVOS	11000	us MD		PHYSICIAN 222 ADDRESS	MEDICAL DIRECTOR PH	rsician 🗌	14/1	(0)
The X				MORRIS.	MD		2121 PENNSY	T.VANTA AVI	D NT LF	WACUTM	CTON D
# PA		Onle	. ·	nonuta,	11, 1,		CTUT LEWIST	DANKET WAL	7 . 9 14 . M .	, WYOUTH	ATON, D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23c. NAME OF CEMETERY OR CREMATORY

BURIAL RICHARD RAPP, INC. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 1804 T ST., N.W., WASHINGTON, D.C. 20009 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

4/9/85

ADELPHI PG STATE MT. LEBANON CEMETERY MD

26 HOUR 1:00 PM

12b KIND OF BUSINESS OR SAKS 5TH AVE.

that (I) (Se) last

250. DALERES D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Panole CC

23d. LOCATION

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20787	M-2013 AND MALES,		JUNEAU	
MINISTER THE	8-11-11-11			
		Do. Magaz, I.o	Sire c	
		AL LESS STREET		

1 - STATE REGISTRAR

116144

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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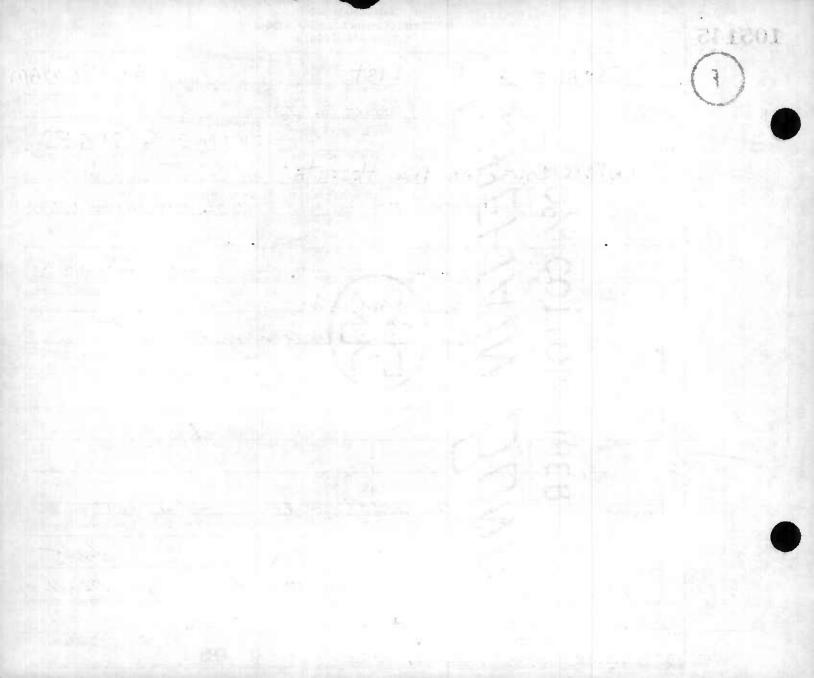
PECEASED NAME	FIRST	MID	DDLE	LAST		2a. DATE OF DEA		DAY YEAR	26 HOUR
	Clinto	n G	•	Light	at the	April 1	5, 1985		2:19P
EX	4	RACE		5. DATE OF BIRT	H DAY YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS
Male	1000	White		03 2	3 1913	72	YRS		
BIRTHPLACE ISTATE		CITIZEN OF WI	HAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CI	TY <u>OR</u> COUN	TY OF DEATH	
Marylar Marylar	nd	U.S.A	A.	WIDOWEDK	DIVORCED [	Prince (	eorge!	s County	7 N
CITY OR TOWN OF	DEATH 11		SPITAL, NURSING		ER INSTITUTION	12a USUAL OCCL		12b KIND C	F BUSINESS O
heverly			. Gen. H			Professi		PEPC	0
UAL RESIDENCE OF N STATE Maryland	13b. COUNTY		Cheverly		ISIDE CITY LIMITS?	Engineer 3007 Cre	st Ave	nue 207	85
FATHER'S NAME	1700		1468	15 M	OTHER'S MAIDEN NA				
Clinton	n G	• DOLE	Light		Anna	J.	21.6	Morr	ison
WAS DECEASED EV			66 SOCIAL SECUR		FORMANT	A	DDS 16 H	arbor Dr	ive
(YES NO OR UNKNOWN)	(IF YES, GIVE W		577-05-0	0656A P	aul D. Lig	ht (Son)		na Park,	
IN CAUSE OF DE	ATH Enter colu	ane cause per lis	e for (a), (b), and	lici A		2	DCVCI		IMATE INTERVAL ONSET AND DE ATI
PART I. DE ATE	H WAS CAUSED B	BY.	Dans	malar	1 ta	luse -	EN	PID (1	ONSE! AND DEAT
	IMMEDIATE (	CAUSE (a)	200	wort o	1	1 01	2	11.9	CEL
		DUE TO, OR	S A CONSECVE	NEPPALLA	III Stee	LiVLIA	Lun	. 01	10 MO
									MI CI
Canditians, if a		(b)	- cco	nom	7	100			
Canditians, if a gave rise to cause (a), sti	immediate	DUE TO OR A	AS A CONSEQUE	NCE OF	100	1		Pa	Carro
gave rise ta cause (a), st	immediate	DUE TO, OR A	AS A CONSEQUE	NCE OF/	1 Du	sele		Bo	Coy
gave rise ta cause (a), sti underlying ca	immediate ating the	(c)	Ser	Ptu	Plu RELATED TO THE TERM	sele AINAL DISEASE OR	CONDITION	Bo	lay
gave rise ta cause (a), sti underlying ca	immediate ating the iuse last.	(c)	Ser	Ptu	PluseLATED TO THE TERM	oele AINAL DISEASE OR	CONDITION	Bo	lay
gave rise ta cause (a), strunderlying ca	immediate ating the luse last.	nditions <u>con</u>	SCA ITRIBUTING TOO	EATH BUT NOT R			20b. IF Y	GIVEN IN PART 11	Cory o
gave rise ta cause (a), sti underlying ca	immediate ating the luse last.	nditions <u>con</u>	Ser	EATH BUT NOT R		20a AUTOPSY?	20b. IF Y	GIVEN IN PART II	NGS USED OF DEATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)

SBOI , EL Chank Frince Secrets County indicate, con .not .not of treatons by Elm IIm it parents left the bearing BOTE tumpolis Road - Wadensburg, Marylond

W. machin Fone ". H. . . Hyprisville, Maryland Will Lakes

				STATE OF MARYLAND		9 6 3 6	
105145	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYB CERTIFICATE OF DEATH	TENE ~	2 0 0 0	
LUGETO		REGISTRAR			REG, NO.		_
(-)		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 2b. HOUR	
å (1 F )		JEANE	tte !	LIST	()	4 04 858:00A	W
ē / /	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS	
S ale 4	F	emale	Caucasian	October 25, 1929	55	YRS MONTHS DATS HOURS MIN.	
Pour de se		RTHPLACE (STATE OF FOREIGN	TO CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR		_
ooth 72		DWA.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE	GEORGESM	D
with d				IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	N 12b. KIND OF BUSINESS OR	?
A He day	10	LINTON !	CIF NOT INTUCH FACILITY, GIVE STREET	Ma HOSPITAL	Real Estate		0
Dours be fil	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE				_
thin 24 h		arvland Prince	George Silver		13e STREET ADDRESS / 1	irnabas Road (20746	1
orthin 2 sho	_	THER'S NAME	Georde 12 priver	15 MOTHER'S MAIDEN NA		Illabas Road (20740	1
mplet and 2	10		AIDDLE LAST	FIRST	M Di Ozean	LAST	
+ 0 - /	-	eorge F. Powers	MED FORCES? 166 SOCIAL SECU		M. Pierce		_
e execu		ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			wood Lane	
e 50 e		No N/	A   480–28–	69//   Walter V. G	ray Californ	ia, Maryland 20619	_
rhificote physici emovol.		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per lipe for (a), (b), on	dicit	2-1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
g ph conp ewer			E CAUSE (0) Callle	erulusculus	ucure	9	_
th ce corb or or			DUE TO, OR AS A CONSEQUE	EDICE OF			
dea one tian		Conditions, if ony, which	( (b) / /	millionen	ween an	reel	
the remo		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF			
by tore	10	underlying couse lost.	(c)				
and balled by or 'y, or		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 110	=
equire n sign Then p r to bu	O N	Kha	millerside	< . ·			
bee mit prio	1	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	-
he the son.	CERTIFICATION				YES NO	YES NO	
N: The nysicia nysicia hransit   Hygie Hygie	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	_
A da ta la la	1 V	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	AY YEAR			
HYSIC burno Ment or Her	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION			-
OING Proposition of the proposition of the marked in mar	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, F	ARM ETC ) STREET	CITY OR TOWN	COUNTY STATE	
Aft alth		22a. I certify that (I) (this haspit	nl) attended the deceased from	3/27/ 10 85	10 41	# 10 PT that (I) (we) las	-
TEN OR SELECTION		saw the deceased alive an	2 4/3 19	ond that in (my) (our) opinion	deoth occurred on the date	e and hour and from the causes stated	
RECI RECI Ppt. o		obove, (I) (we) (did) (did not 22b SIGNATURE	view the body ofter death.	DEGREE		22c DATE SIGNED	_
the hosp DIREC Toched to Dept.		1/1/2/	Parasi.	ATTENDING &	MEDICAL STAFF	21/21/05	
By B		22d. PHYSICIAN'S NAME TYPE OF	O SPINITI	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIA	IN JAGA	_
O HOSPITAL etained by th TO FUNERAL should be dety with the State MPORTANT:	10	Con F	7 7		n. Aue.	Home Malha	-
TO HOSE should be with the		Glenn (	- Vanadan		3	y per i signor	-6
	- 1	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE	
BP		remation	April 5, 1985 I		Clinton,		
DHMH - 16 60M 7/B4		NAME	neral Home, Inc.		E REC'D. BY REGISTRAR 25	BEGISHAR'S SIGN ATURE	
(VRA 15, 46633	01	d Alexander Fer	ry Road, Clintor	n, Maryland	R 9 1985		_



STATE OF MARYLAND

DHMH - 16 50M 4/83

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

Waldorf Funeral Home.

Burial

24 FUNERAL DIRECTOR

Arlington Nat

COUNTY

22c DATE SIGNED

5/1/85

COUNTY

26 HOUR

12b. KIND OF BUSINESS OR

Jovce

home

69th Street

NO [

STATE

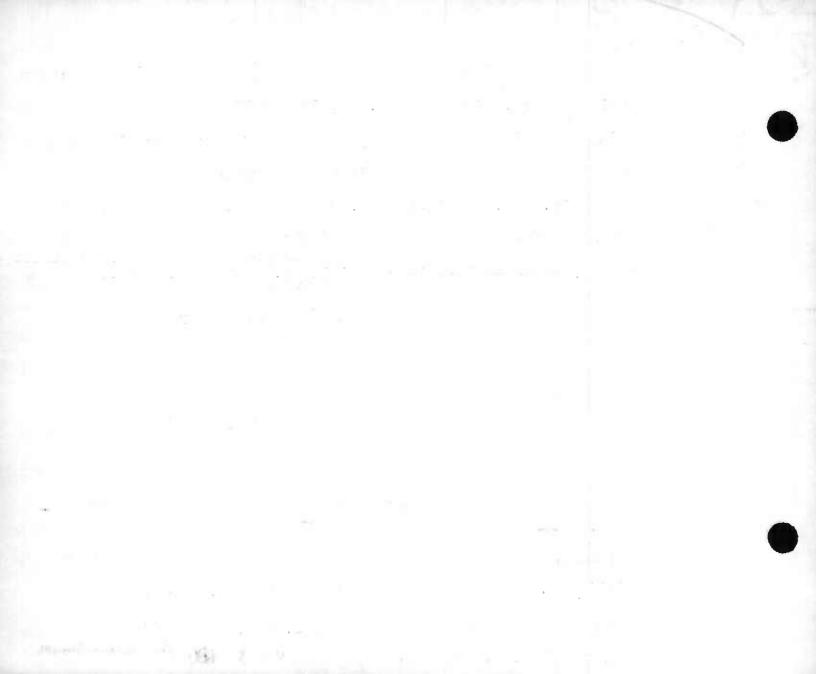
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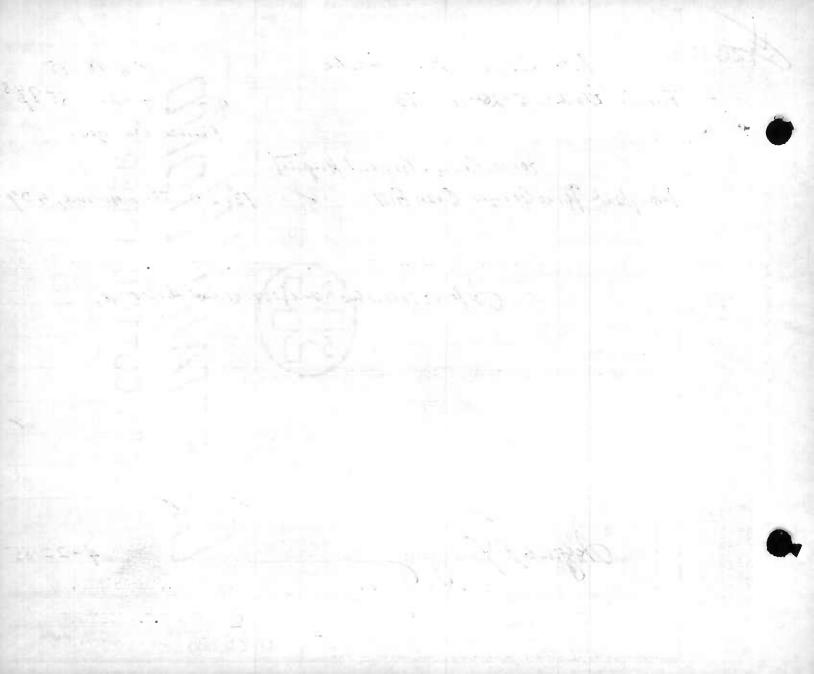
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME KNOWN TYPE OR PRINTI ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER 24 HRS DATE RONOUNCED TO BIRTHPLACE (STATE OF FOREIGN COUNTRY) NEVER MARRIED NORTH DAKOTA USA NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CHEVERLY HOMEMAKER N/A 20744 MIDDLE FIRS1 ROBERT BYRNE RHODES LUCY MAUDE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO [YES, NO, OR UNKNOWN] [ (IF YES, GIVE WAR OR DATES) \* \* \*\* \* \* 501-14-1903 Mr. Robert H. Byrne, St. Petersburg, Florida 18 CAUSE OF DEATH (Enter only one cause per light far. (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DUETO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I'OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING" TOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted from Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. I 5009 Rayburn Ct., Temple Hills, Md 230. BURIAL, CREMATION, REMOVAL 236. DATE 23April85 LEE'S CREMATORY CREMATION CLINTON, P.G., MARYLAND 07/84 25M 24 FUNERAL DIRECTOR 254 REGISTRAR'S SIGNATURE LEE FUNERAL HOME, 6633 Old Alex-DHMH - 17 (VR A15 ME (5)) ander Ferry Road, Clinton, Maryland 20735



#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL ATGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST L DECEASED NAME 2h HOUR TYPE OR PRINTS April 02,1985 7:15P Rosary Locknane A AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER 1 YEAR 3 SEX 5. DATE OF BIRTH DAYS HOURS MONTH 1923 CAUCASIAN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince Georges County WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACHITY, GIVE STREET ADDRESS)

Greater Laurel Beltsville Hospital LTYPE OF WORK FOR MOST OF WORKING LIFE! USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 1136. INSIDE CITY LIMITS? 6 MD. LAUREL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 140 WAS DECEASED EVER IN U.S. ARMED FORCES? Wm. LOCKNANE 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIOGENIC IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF CARDIOMYOPATH Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITS PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION CONGESTIVE HOALT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 28h IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO NO [ 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDIC ALEXAMINER) 211 LOCATION 21d IN JURY OCCURRED 21e. PLACE OF IN JURY STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE AT WORK 220 1 certify that (I) (this hospital) attended the deceased from\_ 19\_\_\_\_\_ that (I) (we) lost sow the deceased alive on, \_, and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MD 3.85 PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 14201 LAKER PROE LANGER MO 20810 PIE LIMA HRISTINE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTAN

24 FUNERAL DIRECTOR

PARKLAWN (EMOTERY BOCKUILLE MONT. 1711.

ADDRESS 7601 SANDY Spa. RASSO DATE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ADDRESS 7601 SANDY Spa. RASSO DATE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ADDRESS 7601 SANDY Spa. RASSO DATE REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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ADDRESS 7601 SANDY SPA. RASSO DATE REC'D BY REGISTRAR'S SIGNA INC. LAUREL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

		KEGISTRAK					TEATE OF BEATH	REC	, NO.		
1		OR PRINT	FIRST		WIDDIE		LAST	20 DATE OF DEAT		DAY YEAR	26 HOUR
1	,	ON PRINCIP	CHRIS"	TINE	Α.	LOGAN	V		04-	-26-85	6:35AM M
1	. SEX	(		4 RACE		S. DATE O		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
	Fe	male		Black		2 MONT	11 02	83	YRS	MONTHS! DAYS	HOURS MIN.
1		RTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	T NEVER HARRIES T	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	Ma	ryland		U.S.		WIDOW		PRINCE G			1410.
4	CHI	TY OR TOWN OF DE EVERLY	i sal	PRINCE	GEORGE 'S'	GENER	OR OTHER INSTITUTION	(TYPE OF WORK FOR MC Custodia	ST OF WORKING	ervisor	OF BUSINESS OR OF
		L RESIDENCE (IF NUR TATE D	136 COUL P.G.	VIY	134 CITY OR TOW	N	13d. INSIDE CITY LIMITS?	134 STREET ADDRE	ss / zip cc	ode enue	20743
7	4. F.A	THER'S NAME					15 MOTHER'S MAIDEN NA				
		Wash		WIDDLE	Love		Louise	MIDD			dams
7		VAS DECEASED EVER (ES_NO OR UNKNOWN)		MED FORCES?	216-44-3		Louise E. L	ogan Ça	8 Quar pitol	rry Aver Heights	nue MD 2071
F		18 CAUSE OF DEA	TH (Enter o	nly one couse per	line for (a), (b), an	dicu				APPRO	XIMATE INTERVAL NONSET AND DEATH
1		PART I. DEATH V	WAS CAUSE	D BY:	cardi	de.	arrest				
1			IMMEDIA	TE CAUSE (a)							
				DUE TO, O	R AS A CONSEQUE	ENCE OF					
		Conditions, if ony gave rise to im		(b)_						_	
		couse (a), stati	ng the	DUE TO, O	R AS A CONSEQUE	ENCE OF					
		underlying caus	e last.	( (c)							
1		PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION (	GIVEN IN PART 1	10
1	ON										
	CERTIFICATION	19a DATE OF OPERA	MOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF '	YES, WERE FIND	INGS USED
7	Ĕ							YES TI NOT		RTIFYING CAUSE YES	NO
H	E	210 ACCIDENT WAS UN	NDERLYING [				21c. HOW INJURY OCCUR				
A		OR CONTRIBUTING		AID		AY YEAR					
	MEDICAL	21d. INJURY OCCUR	-	21e. PLACE	M. OF INJURY	19	211 LOCATION			<del></del>	
1	ME		MILE D		REET, FACTORY OFFICE F	ARM ETC )	STREET	CITY	RTOWN	COUNTY	STATE
		22a.1 certify that (I		tal) attended th	e decored from	Anu	120 10 85	Apr	il 25	10 85	, that (I) (we) last
1		saw the decea		// /	35 10	85	nd that in (my) (our) opinion	death occurred on the	e date and k		
1		abave, (1) (we)	(did) (did no	of wiew the body	after death.			dedili occorred on ii	e dule did i		
Н		226. SIGNATORE	1	-/	<u></u>		DEGREE ATTENDING	MEDICAL :	STAFF .		E SIGNED
		5-0	rom	y ay	125 /		PHYSICIAN [	DIRECTOR PH		4	-26-85
1		22d PHYSICIAN'S N	IAME (TYPE	OR PRINT)			22e ADDRESS				
1	u	TAUL "	tomas	140	ns						
	23a. B	URIAL, CREMATION	, REMOVAL	23b DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
-	15	Buria		5/1/85	Ha	rmonv	Memorial Par	k Landove	er Pri	nce Geor	rge's MD
1	24 FU	INERAL DIRECTOR		1 / /		, INC.	1250. DA1	TE REC'D. BY REGIST	LARITS REG	ISTRAR'S SIGNA	ATURE
		NAME	NOLL	DOU THINE	T PLACE,			0.0.4005	A 4: 1	widow-1	mass.
-	_						MAY	Ub 200	Juneary	to Latera P	
			- WA	SHINGTO	N. D.C. 20	JOTA					

DHMH - 16 60M 7/84

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or ottending physician.

(VRA 15, 4)

WASHINGTON, D.C. 20019

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME KNOWN S (TYPE OR PRINT) Vincent DEATH MATED 19 85 Lupo 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Apr. 12, DFAD Male 70 White 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County DIVORCED X 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Greater Laurel-Beltsville Hospital SHEET Laurel 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's 15115 Laurel Ridge Drive Laurel 15. MOTHER'S MAIDEN NAME LUPO MEME IAL SOCIAL SECURITY NO LAUREL I (IF YES, GIVE WAR OR DATES) RIBGE D 105-12-6849 AUREL, MA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME If LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains described above, held an GE 4 SHOULE CITY SEE THE DESCRIPTION OF STATEMENT OF STAT death resulted from: Natural course Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 4/21/85 Deputy 1919 Seminary Road XAMMINER'S NAME John S. Rogers, M.D. Silver Spring, Mintgomery, Md. STATE REMATIO BP SANDY SPRING & 30. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S, SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/82

DITTE ! . . from Mand white Art. 12, mag 70. y a Trince Bearge's County L Liurel Greater Janvel-Seltrichle Kompital Haryland irince George's Laurel | 15115 Laurel Hidge Drive Loute my ochrich disease chronic Byocarda dinare. Jahm S. Bogers, M.D. dilver Spring, Meroscory, Mc.

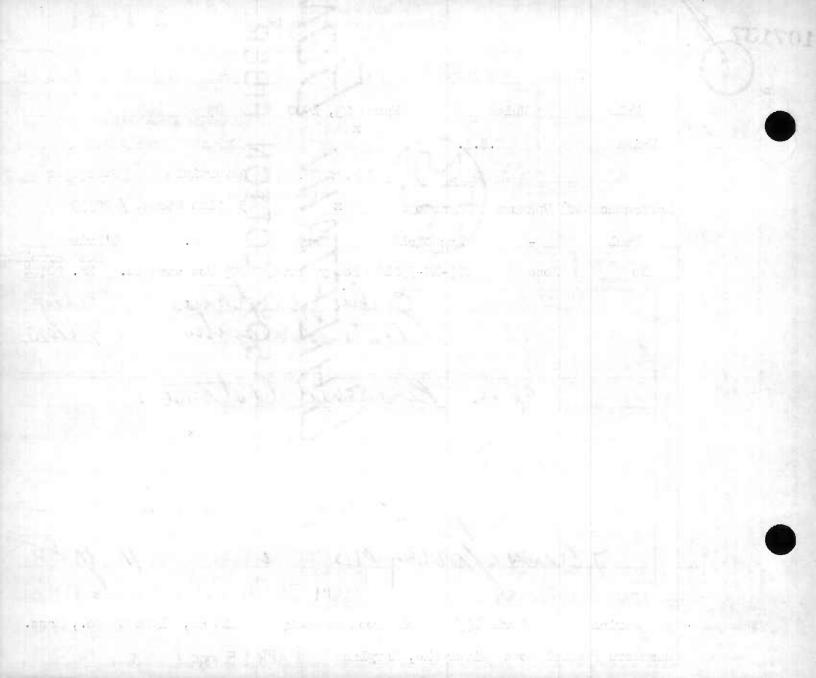
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR		DEPAR		IEALTH AND MENTAL HYG		1 2 3 3. NO.	4 4	
	CEASED NAME FIRST		CERTIFICATE OF  MIDDLE  Philip  S. DATE OF BIRTH MONTH DAY MARCH 23,  N OF WHAT COUNTRY?  8. MARRIED  MARRIED  MARRIED  MARRIED  MARRIED  MOVE OF HOSPITAL, NURSING HOME OR OTHER INS IN SUCH FACILITY, GIVE STREET ADDRESS)  ORS  HOSPITAL OF P.G.  UITON GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. CITY OR TOWN 15. MOTHER  LAST  MACDONAL  MCCONAL  15. MOTHER  15. MOTHER  16. SOCIAL SECURITY NO.  17. INFORMATED		AST	20 DATE OF DEAT	H MONTH DAT	Y YEAR	26 HOUR
_5%	James	Ph	ilip	Mac	DONALD	April	11,1985		1:45 A
1. SEX		4 RACE				6. AGE (IN YEARS LA		UNDER 1 YEAR	IF UNDER 24 HE
	Male	White				85	YRS	DATS .	NOURS MI
BIR	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.			TY OR COUNTY O	FDEATH	
_	Maine	U.S	. A.			Prince	George's	s Count	ZV /
1	ANHAM	DOCTOR:	HEACILITY, GIVE STR	EET ADDRESS)  LTAL of		12a. USUAL OCCU	PATION OST OF WORKING LIFE)	12b. KIND OF INDUSTRY Newspa	BUSINESS
32	TATE NIL COU	nknown	13c. CITY OR TO	NWC	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRE	Street	0253	99
	THER'S NAME	MIDDLE		1122	15. MOTHER'S MAIDEN NA	ME		LAST	
	Paul			nald	Marv		T.	_O'Bri	en
	AS DECEASED EVER IN U.S. AF	MED FORCES?			17. INFORMANT		DDRESS		Carro
(45	No No		013-10-	-5521A	Betty Harney	8602 Pov	hatan St		2078
ATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSECUTIVE ON TRIBUTING	SCHOOL OF	NOT HELPHOND FINTERS	ing ili	A A	FART III	läyk
CERTIFICATI	196 DATE OF OPERATION	19b. COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	184 AUTOPSYY	IN CERTIFYIR	VERE FINDING NG CAUSES C	SS USED OF DEATH? NO []
0.05	THE ACCIDENT WAS INDERLYING [	ATH HOUR A.	M. MONTH	DAY YEAR	21r. HOW INJURY OCCURS	RED (ANTERNATIVE OF	HALLET IN TERM OF MART	LOKENKEZ!	
-	THE INJURY OCCURRED	71e PLACE	The second secon	00 Y/10 2 001	2H LOCATION	CHY	00 10 M	COUNTS	SCATE
	22e.1 certify that (1) (this haspital) attended the deceased fram 19 19 19 19 19 19 19 19 19 19 19 19 19								
	276. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN OF NAME (TYPE OR PRINT)  1226. ADDRESS								
1	THOMAS MAI	LONE	100	- NIAME OF S	4814 7187	- Ave, -	YATTSV	ille	mD.
(5)	URIAL, CREMATION, REMOVAL Burial NERAL DIRECTOR	April/			ook Cemetery	CITY OR TOW	Plymou		
	ITERAL DIRECTOR								

DHMH - 16 60M 7/8 (VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remave carbonpopers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

In the medical as marked or them 18 shows any injury, or other traumotic event, the medical asominer rouss be footbled at an expensive to the medical asominer rouss be footbled at an expensive to the medical asominer rouss be footbled to the medical asominer rouss be footbled to the medical asominer rouss and the medical asominer rouss and

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STATE OF MARYLAND

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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,	REGISTRAR		CERTI	ICAIL OI D	LATIII.	REG.	٧٥.		
	DECEASED NAME FIRST	WIDDLE	1 /	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
Y	James	$\in$	MAL	ARKE)			4	19 85	6:30 M
1. 5	EX	4 RACE	5. DATE (		6	AGE (IN YEARS LAST I	IRTHDAY)	MONTHS DAT	
	Male	Cauc.	9	24	15	69	YRS	DATE OF THE PROPERTY OF THE PR	3 HOURS MIN.
170	BIRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	D A NEVER M	ARRIED 7	BALTIMORE CITY			0 (
	enna.	USA	WIDOWI		ORCED	Prince	Geo	orges	County
10	Clinton	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	- (1)		Retired		12b. KIND INDUSTR Post	of BUSINESS OR RY Servic
130	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COU		CE BEFORE ADMISSION)	13d INSIDE CI	TY LIMITS? 1	3e.STREET ADDRESS		DE n Dr. 2	0715
-	FATHER'S NAME				MAIDEN NAM	E	F118 001.	1 371 6 6	014)
	Edward		larkey		arv	Agn	28	Mc	Keon
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMAN	- 0		RESS		
	yes (YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	9-0892	Anna V	. Malar	key same	as it	tem 13	
	18 CAUSE OF DEATH (Enter o	nly one cause per line for (a)	, (b , and ic )	- 41.	0-0 1			APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
	PART I. DEATH WAS CAUS	TE CAUSE (a)	2.	रक्ता (	Shock				1day
		DUE TO, OR AS A COM	NSEQUENCE OF	101,000	+' 0.	2.			7 3
	Conditions, if any, which	(b)		Knner	is see	propriema			[ mos
	gove rise to immediate couse (a), stoting the	DUE TO, OR AS A COI	NSEQUENCE OF						
	underlying cause last	( (c)							
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NDITION G	IVEN IN PART	lia
A S	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINE	DINGS USED
CERTIFICATION						YES NO NO	,	YES 🗌	NO [
		116 TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18	PART LOR PART 2	)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19						
MED	214 INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM ETC )	211 LOCATIO	N	CITY OR	OWN	COUNTY	STATE
	AT WORK AT WORK			U KA	96	her	219	25	
	22a I certify that (I) (this hosp saw the deceased olive or	1 10	51 1	ad Abad in (mu)	, 19 <u>q 1</u>	eoth occurred on the		. 19 0	_, that (1: (we) lost
	above, (l) (we) (did) (did n	ot) view the bady after death	1.		our, opinion de	eom occurred on the	dore and no		
	22b. SIGNATURE	Ju yes 50		DEGREE A' P	TTENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN	4	te signed t-UST
	22d. PHYSICIAN'S NAME (TYPE	UNG DO		220 ADDRESS		ndRd#7	101 C	awen i	bd 20731
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			EMETERY OR C	REMATORY	23d LOCATION		P.G.	Md. Md.
-	Duriai	4,27,00	Resurre	C CLON C			0.00		
	P. Kalas 6160 C	woh Hill Pa A	Oron U.1	1 Ma	A D D	O A COC	A. C.	STRAR'S SIGN	ATURE
7.	r. Varas 0100 (	AON HILL NO.	OXOII UTI	T, Ma.	LAFT	44 900	7-10	teres ( at #01, p.	Mariane

DHMH - 16 60M 7/84 (VRA 15, 4)

etoined by the hospital or attending physician

BP.

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## STATE OF MARYLAND

	CEASED NAME FIRST Ludwig	Michael	L	Malisky	20 DATE OF DEATH	MONTH D	YEAR 85	3 10 3 10
3. SE	x Male	4 RACE White	S. DATE C		6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	
	COUNTRY) (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8.1 - MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY		
	Riverdale	11. NAME OF HOSPITAL, NURS  JENOTH SUCH FACILITY, GIVE STRE  5009 Sheridan	St.	dr other institution	12a USUAL OCCUPAT. (TYPE OF WORK FOR MOST C Carpente:			tructi
	STATE Md. IS NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c. CITY OR TO River	NW	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5009	Sheri	dan St	. 2073
14. FA	ATHER'S NAME FIRST Joseph	ANDOLE LAST Mali		IS MOTHER'S MAIDEN NA FIRST Zophia	WIDDIE		Skt	
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, OI NO. ;	RMED FORCES? IVE WAR OR DATES) 718-01		Martha Gree	nslade (Dau	ghter)	Stree	Lackaw t
all the state of	Conditions, if any, which gave rise to immediate couse 10, storing the underlying couse last.	DUE TO, OR AS A CONSEO	OUENCE OF					
IFICATION	PARE 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	•		20a AUTOPSY?	20b. IF YES	, WERE FINDI	
MEDICAL CERTIFICATION	190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CARSE OF DI OF EITHER NOTEY MEDICALEXAMINI 21d. IN JURY OCCURRED AT WORK  AT WORK	196 CONDITION FOR WHICE  216 TIME OF INJURY HOUR A.M. MONTH ER!  216 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	DAY YEAR 19	216 HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDI YING CAUSE: 5	NGS USED S OF DEATH? NO
	190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF DI OR CONTRIBUTING CASE OF DI OR CONTRIBUTING OR C	216. TIME OF INJURY HOUR A.M. MONTH P.M.  216. PLACE OF, INJURY (AT HOME STREET FACTORY, OFFICE  110. OT) view the body offer depth.	DAY YEAR  19  19  19  19  19  10  10  10  10  10	211 LOCATION SIREET  19  19  19  19  19  19  19  19  19  1	200 AUTOPSY?  YES NOT	20b. IF YES IN CERTIFY YES WIN TIEM 18 P.	COUNTY  19 BS  1270 DATE  1270 DATE  1 OF PART 2)	NGS USED S OF DEATH? NO

DHMH - 16 50M 4/83 (VRA 15, 4)

To expect the market of 8 23 1939 B6 T. C. Commey ive and replication of the evil THICK . IS only Short and St. 20787 el leoyla 1.2.1 Mg Carlo Registry Asst Live Course with restor in A STATE OF THE STA The state of the state of A December on any and A MINE ON STREET AND SEED HORNEY & VILLE IN SATER AND ALL INTA

101036

FOR STATE REGISTRAR

DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE) REG. NO.		
CIS	Martin	April 1, 1985	DEF YEAR	2ь HOUR 2:03pм
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
n	June 11 1935	49 YRS.	MONTHS DAYS	HOURS MIN.

		EUGENE LUCENE	FRANCIS	MANLEY	Annel 1	1985	25 HOUR 2:03p
	3. SE2	T.	1. RACE	S DATE OF BIRTH	April 1,		
1	17.52	Male V	Caucasian	Michael Mark	135 49	YRS.	S HOURS MIN.
		REMREMEE ALVAIT DEFORE ON THE	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARE	9 BALTIMORE CITY	OR COUNTY OF DEATH	
ŧ.		ennsylvania	U.S.A.	WIDOWED DIVOR		GEORGE'S CO.	ME
3	I	ANDAM	NAME OF HOSPITAL, NURSIN     (IF NOT IN SUCH FACILITY, GIVE STREET A     DOCTORS  HOSPIT		(TXPE OF WORK FOR MO	STOF WORKING LIFE) INDUSTR	o of Business or emetery
7	M	ary and Prince	George Hillcres	t Hgt	NIST REET ADDRES	S / ZIP CODE	20748
2	14. FA	Matchew	Marley	IS MOTHER'S N		Klı	ias ig
		VAS DECEASED EVER IN U.S. ARA YES MOOR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b SOCIAL SECUL 206-26-4			Bellbrook	
	1.8	18 CAUSE OF DEATH (Enter and PART ). DEATH WAS CAUSED IMMEDIATE		NCE OF	en frela	APPR BETWEE	ÖXIMATE INTERVAL EN ONSET AND DEATH
100		gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE OF	refres		5
	NOI	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing</u> to d	PEATH BUT NOT RELATED TO	HETERMINAL DISEASON CO	ONDITION GIVEN IN PART	lia
1	TIFICATION	THE DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORME	D 10e AUTORSYT	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
7	CAL CERTI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH, DA P.M.	Y YEAR 19	OCCURSED LINES TO A	PART LORPART 2	)
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CAP OR	TOWN COMM	VIAN.
		22g 1 cartify that (1) (the former	a) attended the deceased from	musch.	25 4-1	10 K	that (I) templast

saw the deceased alive on obave, (I) (we) (did) (did not) view the bady after death apinion death accurred on the date and housand from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF PHYSICIAN Riverdale, Maryland 20737

BAHRAM ERFAN, MD

6510 Kenilworth Ave., Suite 2500

230. BURIAL, CREMATION, REMOVAL Burial 23c. NAME OF CEMETERY OR CREMATORY 4/6/85 St. Mary's Cemetery

Wilkes Barre Talzerne Penn

24 FUNERAL DIRECTOR George P. Kalas Funeral Home

Acto 160 Oxon Hill,

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DVII. STANS

	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF H	EALTH AND MENTAL HE	REG. NO.	5 4 9
101086	1. DEC (IYPE	EASED NAME FIRST OF PRINTBEHT	Virginia.	MA S. DATE C	RGGRAF	20. DATE OF DEATH MONTH  March  6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR IN HOUR 19 19 19 19 19 19 19 19 19 19 19 19 19
a story		Female	Czuczsian	Oct	- 4, 1904	80 YR	
		RTHPLACE   STATE OR FOREIGN OUNTRY) NKNOWN	United States	MARRIE	_	9. BALTIMORE CITY OR COUN	COVOES MD.
1 11/1/1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS			120. USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKIN	124 KIND OF BUSINESS OR
201 The range of the range of t	R	iverdale	Eugene Le	2401	Memorial	Secretary-D.C.	Public Schools
TO THE SECOND STATE OF THE	13a. S	ary/2nd Prin	or other installation, give residence before INTY 131 CITY OR TO See George Riverda	WN	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS / ZIP CO	
THE PARTY OF		THERS NAME Charles Marggre	MIDDLE LAST		15. MOTHER'S MAIDEN NA	Unknown	LAST
MORE, M	16s. V	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	URITY NO. 0 7597	17. INFORMANT 2] Ella Haney	2 Kentucky Ave Washington, DC	
T, SALTI physical physical movel.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), SED BY: ATE CAUSE (a) Caro		ulmonery	Auvest	BETWEEN ONSET AND DEATH  minute
hor the aleath ce- by the attending cost remainer, articles, J., cremainer, articles, r other traumorier		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) OR AS A CONSECTION OF THE	DS CS	Fzilure		3 days
Iow requires the solution of the prior to burial law injury, or the place to prior to burial resonant injury, or the place to burial law injury, or the burial law injury, or t	NOIL			umor	nia besz	1, bilztere	GIVEN IN PART Ito  YES, WERE FINDINGS USED
L RECC	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WHI	H OPERATIO	N WAS PERFORMED	YES NO	RTIFYING CAUSES OF DEATH?
DIVISION OF VITAL  NG PHYSICIAN: The ther this certificate has stee burial-transit prond mental Hygier thand mental Hygier orked or frem 18 shay	_	210. ATCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIFE EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
IVISION JG PHYS ottending ter this o ss the burn h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	THE PHACE OF INJURY (AT HOME, STREET, FACTORIA, OFFI		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDE Opital opital of far use of Heal		sow the deceased alive a abave, (I) (we) (did)	on March 19, 19	Jahu 85		death accurred on the date and	
oche per per per per per per per per per pe		Waleur	th Debs	on M	- Y	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED 3-19-85
TO HOSPITAL Of retained by the TO FUNERAL Behavily be deto with the State I IMPORTANT: If		Walcutt	WGIBSO,	N, M.D.	Marlou		Md, 20748
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	23b. DATE 23 27 March 85		ematory	23d LOCATION CITY OR TOWN Washington	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 J		s Sons Co. 3QQRES		1750. DA	TE REC'D. BY REGISTRAR 256. RE	
( , .,	AA	ashing ton, D.C	• 20002			0	

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Barrier Britania	T	10 . of 100 a 100	- NETS -L	

Sins in the chief

April 11,1985

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

2b. HOUR AM 3:40 IF UNDER 1 YEAR IF UNDER 24 HRS. BALTIMORE CITY OR COUNTY OF DEATH Prince Georges County 12h KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) US Government 13e STREET ADDRESS / ZIP CODE 12620 Milburn Lane 20715 Basiaga 12626 Milburn Lane Bowie, Maryland APPROXIMATE BATTEVAL BETWEEN ONSGRAND DEA TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] YES [ COUNTY STATE , and that in (my) (sort opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 3231 Superior Lane Bowie, Maryland 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY St. John's Cem. Silver Spring, Montgomery, MD

16000 Annapolis Rd 250 Dale REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

20715

Bowie, MD

DHMH - 16 50M 4/83 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b DATE

Burial

Beall Funeral Home

24. FUNERAL DIRECTOR

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3: NO.	Act of that	Color	4 5 50 G	Lif.Co	
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28/3/4			6		
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flactic and the	Eilver spring,		gogieti Tizir Gogie - A V V V V Gudi - Gudi -	larana l lloca N	

	11	FOR			DEPARTMENT		MARYLAND, H AND MENT	AL HYGIEN	E! 2	<b>5</b> 3	•	
9104	1,-	STATE REGISTRAR		MI	EDICAL EXAM	AINER'S	<b>CERTIFICAT</b>	E OF DEA	TH REG.	NO.		
		CEASED NAME	FIRST		MIDDLE		LAST		20. DATE KNOWN	MONTH	DAY YEAR	26 HOUR
3 8 5 8 E	(11)	E OR PRINT)	JAMES	FR	ANKLIN	McCH	HESNEY	FF	OF ESTI- DEATH MATED	□ 4-5-	85 19 85	2:48
SY, PLEA DIRECTO DUR FILE 72 HOU NN STREE	14		Plute	5. DATE OF BIRTH	YEAR LAST B	(IN YEARS IF U IRTHDAY) MON			PRONOUNCED DE	MONTH - 5	DAY YEAR	# H08
NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURSPREGION STREET.	FC	RTHPLACE (STATE REIGN COUNTRY)	OR		WHAT COUNTRY?	8. MAR	RIED NEVER A	MARRIED	9. BALTIMORE CIT PRINCE (	-		Y
	10 C	TY OR TOWN OF	DEATH	11 NAME OF HO	DSPITAL, NURSING H FACILITY, GIVE STREET ADDR HOSPITAL	RESS)		FOR A	AOST OF WORKING LIFE)		OR INDUSTR	ISINESS RY
	13a. S	ALRESIDENCE (IF) TATE  aryland	13P COLIF	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE AD  13c. CITY OR TOV	MISSION)	13d. INSIDE CITY LIM	IITS? 13e STRI	eet address  O Frank	1	IIS GOV	rern.
ESTA FAD	1	James		MIDDLE	McChesne		15. MOTHER'S A	MAIDEN NAME	WIDDLE		Myers	
RS AFTER D L GIVE PAG WITH FORM PAGES IN DIVISION O	16a \	VAS DECEASED E ES. NO. OR UNKNOWN	VER IN U.S. AR	MED FORCES? WAR OR DATES]	16b. SOCIAL SEC 579-42	URITY NO.	Rose M		ADDR	same a		
W. PRESTON WITHIN 24 H BINGL IN ITEM WINER ALON TRANSIT PER NTAL HYGIEN OR REMOVAL			ta immediate	(b)								
DRDS, 2017 EXECUTED ING" IN PR INCAL EXAM A BURIAL- H AND MEI SMATION, (	7	lying cause		(c)	R AS A CONSEQUEN		ISE OR CONDITION GIVE	N IN PART Tro				
OUD BEE PENDIN SE MEDICAS A F HEATH	ICATION	lying cause	FICANT CONDITIONS	(c)CONTRIBUTING 1D DEAT		E TERMINAL DISE/					20 AUTOPSY?	?
ON OF VITAL RECOR	MEDICAL CERTIFICATION	PART 2 DTNER SIGNII  19a DATE OF OR  21a EXTERNAL C UNDERLY ING CONTRIBUTING 21d. INJURY OCC WHILE	PERATION  CAUSE WAS  OR  CAUSE OF  CAUSE OF  CAUSE OF  COURRED	CONTRIBUTING TO DEAT  196 COND  216 TIME C HOUR A.  DEATH P.  21e PLACE	H BUT NOT RELATED TO THE DITION FOR WHICH ( DE INJURY M. MONTH DAY	OPERATION VYEAR	WAS PERFORMED	?	NATURE OF INJURY IN ITEM		YES 🗌	NO MO
CERTIFICATE SHOULD BE EITHING THE CHEEN THE CHEEN AND THE		I ying cause  PART 2 DTNER SIGNII  19a DATE OF OR  21a EXTERNAL ( UNDERLY ING CONTRIBUTING CONTRIBUTING TIR. INJURY OCC WHILE AT WORK	ERATION  AUSE WAS  OR CAUSE OF  CURRED  NOT WHILE  IT WORK  Notu	(c)	DE INJURY M. MONTH DAY M. CORY, FARM, ETC.)	YEAR 2TE. F	DOCATION STREET  HOWINJURY OCC  DOCATION STREET  HOMOGRAPHICAL LE SPECIA	PY)  AURRED (ENTER)  Dection		and in my ap  ,  DATE SIGNE	YES DINTY	NO STATE

